AUG 5 1985

HE 20.8308/2:2

NATIONAL
INSTITUTE
ON ALCOHOL
ABUSE AND
ALCOHOLISM

COMPLETED
610

ORIGINAL

TREATMENT HANDBOOK SERIES 2

Alcoholism Treatment Assessment Research Instruments

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service • Alcohol, Drug Abuse, and Mental Health Administration

NIAAA TREATMENT HANDBOOK SERIES

1 Summaries of Alcoholism Treatment Assessment Research
2 Alcoholism Treatment Assessment Research Instruments
3 Research Strategies in Alcoholism Treatment Assessment

NIAAA

TREATMENT HANDBOOK SERIES 2

Alcoholism Treatment Assessment Research Instruments

EDITED BY

Dan J. Lettieri, Ph.D.
Jack E. Nelson
Mollie A. Sayers

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse and Mental Health Administration

National Institute on Alcohol Abuse and Alcoholism
5600 Fishers Lane
Rockville, Maryland 20857

I

This publication was partially developed by METROTEC, Inc., Washington, D.C., under contract No. ADM 281-84-0001 from the National Institute on Alcohol Abuse and Alcoholism.

The Editors: Dan J. Lettieri, Ph.D., is a research psychologist with the Clinical and Psychosocial Branch, Division of Extramural Research, National Institute on Alcohol Abuse and Alcoholism.

Jack E. Nelson and Mollie Sayers are research associates with METROTEC, Inc.

The National Institute on Alcohol Abuse and Alcoholism has obtained permission from the authors and/or copyright holders to reproduce all of the instruments appearing in this volume. Further reproduction of the instruments noted as copyrighted in the text is prohibited without specific permission of the copyright holders. Before reprinting, readers are advised to determine the copyright status of other instruments or to secure permission of the authors and/or copyright holders. All other material contained in the monograph, except quoted passages from copyrighted sources, is in the public domain and may be reproduced without permission. Citation of the source is appreciated.

The U.S. Government does not endorse any specific commercial product or commodity. Trade or proprietary names appearing in this publication are used only because they are considered essential in the context of the studies reported herein.

Library of Congress Catalog Card Number: 85-600536

DHHS Publication No. (ADM) 85-1380
Printed 1985

For sale by the Superintendent of Documents, U.S. Government Printing Office Washington, D.C. 20402

FOREWORD

The intent of this compendium is to facilitate reseachers in locating, examining and selecting possible research instruments for use in treatment assessment projects. One of the time-consuming tasks for researchers is to track down such materials. It is our hope and intent that this volume will simplify that task, considerably. Obviously not all instruments could be included, but a representative sampling have been selected for inclusion here. The National Institute on Alcohol Abuse and Alcoholism does not specifically endorse any one instrument over another. Such decisions should remain the domain of the individual researcher and reflect the needs of the particular project. One of the underlying goals of the compendium is to stimulate more cross-study comparability in terms of instrumentation. It is with a great sense of satisfaction that we have compiled this material, and can make it more readily available to the treatment research community.

We welcome receiving information on other instruments. A copy of the instrument plus an abstract would be appreciated.

Dan J. Lettieri, Ph.D.

BLANK PAGE

PREFACE

The 45 instruments in this volume provide a representative cross-section of the assorted questionnaires, scales, indexes, inventories, and other data gathering and measurement devices used in the alcoholism treatment assessment field. They were selected through a process that began with the combing of the extensive library of alcoholism treatment instruments maintained in the Conner Collection of the Center of Alcohol Studies, Rutgers University, Piscataway, New Jersey. A seed list of relevant instruments was developed from that source and was provided to a panel of three active researchers. The three researchers--Helen M. Annis, Ph.D., of the Addiction Research Foundation; Barbara J. McCrady, Ph.D., of the Rutgers University Center of Alcohol Studies; and Harvey A. Skinner, Ph.D., of the Addiction Research Foundation--developed additional lists of research instruments. Their combined materials became the core of this volume, and final selection of instruments was made by the editors.

The instruments included run the gamut of those used in the alcoholism treatment assessment field, from diagnostic scales to followup telephone surveys. They cover all of the assessment phases, from baseline to followup. These instruments conceptually define and measure what alcoholism is, and they identify and measure the sociobehavioral, medical, and other correlates of alcoholism. Although representative, these 45 instruments are far from inclusive. It is recognized that many noted and well-known alcoholism treatment assessment instruments are not included (e.g., the CAGE and DSM-III).

When possible, the descriptions of individual instruments were based on information provided by their authors. In other cases the descriptions were extracted from the research literature.

The indexes at the end of the volume provide a detailed guide across and between the various instruments and should be a helpful reference resource.

Volume 1 in this series, Summaries of Alcoholism Treatment Assessment Research, is a companion piece providing descriptions of empirical studies that utilize many of the instruments detailed in this volume.

BLANK PAGE

CONTENTS

iii Foreword

v Preface

1 Cross-Study Shared Data Base: Intake Interview. Addiction Research Foundation.

14 Cross-Study Shared Data Base: Treatment Variables and Within-Treatment Functioning. Addiction Research Foundation.

19 Cross-Study Shared Data Base: Follow-Up Interview. Addiction Research Foundation.

32 Inventory of Drinking Situations. Helen M. Annis.

36 Outcome Expectancies Questionnaire. Helen M. Annis.

38 Client Satisfaction Questionnaire. C. Clifford Attkisson, Gregory Pascoe, Maurice LeVois, Daniel L. Larsen, Wm. A. Hargreaves, Tuan Nguyen, and Rebecca Zwick.

56 Drinking Classification Indices. Jeffrey M. Brandsma, Maxie C. Maultsby, Jr., and Richard J. Welsh.

64 Behavior Rating Scale--Social, Employment, Economic, Legal, and Drinking. Jeffrey M. Brandsma, Maxie C. Maultsby, Jr., and Richard J. Welsh.

78 Quantity-Frequency-Variability Index. Don Cahalan, Ira H. Cisin, and Helen M. Crossley.

82 Munich Alcoholism Test (MALT). W. Feuerlein, C. Ringer, H. Kufner, and K. Antons.

85 The Social Readjustment Rating Scale. Thomas H. Holmes and Richard H. Rahe.

91 Alcohol Dependence Scale (ADS). John L. Horn, Harvey A. Skinner, Kenneth W. Wanberg, and F. Mark Foster.

96 The Alcohol Use Inventory (AUI). John L. Horn, Kenneth W. Wanberg, and F. Mark Foster.

109 Client Follow-Up Interview. Dennis Kelso and Kaye M. Fillmore.

153 Drinking-Related Locus of Control Scale. M. Keyson and L. Janda.

159 MacAndrew Alcoholism Scale. Craig MacAndrew.

162 Family Tree Questionnaire for Assessing Family History of Drinking Problems. Robert E. Mann, Linda C. Sobell, Mark B. Sobell, and D. Pavan.

167 Comprehensive Drinker Profile. G. Alan Marlatt and William R. Miller.

CONTENTS (Continued)

189 Outcome in Alcoholics Follow-Up Interview. Helen S. Maurer.

199 Project for Alcoholic Couples Treatment: Baseline Interview. Barbara S. McCrady.

209 Project for Alcoholic Couples Treatment: Client Follow-Up Interview and Spouse Follow-Up Interview. Barbara S. McCrady.

227 Clinical Screening Interview. Barbara S. McCrady and D.B. Abrams.

245 Addiction Severity Index. A.T. McLellan, L. Luborsky, C.P. O'Brien, and G.E. Woody.

252 Patient Evaluation of Treatment Program. D. Paul Moberg and William S. Zupek.

261 Background Information Form and Follow-Up Information Form. Rudolf H. Moos.

275 Health and Daily Living Form. Rudolf H. Moos.

293 Community Oriented Programs Environment Scale. Rudolf H. Moos.

296 DUI Probation Follow-Up Project Life Activities Questionnaire. National Highway Traffic Safety Administration.

307 National Alcohol Program Information System (NAPIS), ATC Client Intake Form. National Institute on Alcohol Abuse and Alcoholism.

315 National Alcohol Program Information System (NAPIS), ATC Client Progress and Followup Form. National Institute on Alcohol Abuse and Alcoholism.

321 Health Status of Successfully Treated Alcoholics Pre-Treatment Chart Schedule and Follow-Up Interview Schedule. E.M. Pattison, R. Coe., R.J. Rhodes, H.O. Doerr, E.B. Headley, G.C. Gleser, and L.A. Gottschalk.

337 Rand/ATC Four-Year Followup Study Client Interview, Self-Administered Form, and Collateral Interview. J. Michael Polich, David J. Armor, and Harriet B. Braiker.

389 National Survey of Adolescent Drinking Behavior--1978. Research Triangle Institute.

429 Follow-Up Interview. William P. Rohan.

433 Alcohol Treatment Program (ATP) Intake Questionnaire. Marc A. Schuckit.

455 Alcohol Treatment Program (ATP) Family History Interview. Marc A. Schuckit.

476 Alcohol Treatment Program (ATP) Family History Follow-Up Interview. Marc A. Schuckit.

488 Alcohol Treatment Program (ATP) Family History Follow-Up Interview (Resource Person Form). Marc A. Schuckit.

508 Michigan Alcoholism Screening Test (MAST). Melvin L. Selzer.

512 Lifetime Drinking History. Harvey A. Skinner.

528 FIDD Six-Month Follow-Up Questionnaire. Thomas E. Skoloda, Arthur I. Alterman, Floyd S. Cornelison, Jr., and Edward Gottheil.

530 Time-Line Follow-Back Assessment Method. Linda C. Sobell, Mark B. Sobell, Stephen A. Maisto, and A. Mitch Cooper.

535 ATC Followup Study Questionnaire. Stanford Research Institute.

CONTENTS (Continued)

555 Severity of Alcohol Dependence Questionnaire (SADQ). T.R. Stockwell, R.J. Hodgson, and R. Murphy.

558 SHARPS Client Satisfaction Questionnaire. Barry A. Tanner.

INDEXES

561 Author

562 Instrument

562 Subject

CROSS-STUDY SHARED DATA BASE
INTAKE INTERVIEW

Author:	Addiction Research Foundation
Assessment Areas Covered:	Demographics, life history, legal, social relationships, family drinking history, employment, treatment history, alcohol consumption, tobacco consumption, drug use, adverse consequences, withdrawal symptoms
Administration:	Interview format, at intake
Design Features:	Multiple-choice items
Abstract:	This questionnaire was developed by scientists of the Addiction Research Foundation. It is intended to serve as an intake interview for clients entering treatment at an alcoholism treatment center. Questions for inclusion were chosen with a view to both their clinical and research utility. The questionnaire has been used by a number of investigators conducting treatment research studies in the Clinical Institute of the Addiction Research Foundation. An instruction manual for interviewers is available on request to the Foundation.
Related Published Reports:	Annis, H.M. A basic assessment package. In: Glaser, F.B.; Skinner, H.A.; Pearlman, S.; Segal, R.L.; Sisson, B.; Ogborne, A.C.; Bohnen, E.; Gazda, P.; and Zimmerman, T., eds. A System of Health Care Delivery. Vol. II. Toronto: Addiction Research Foundation, 1984.
Availability Source:	Helen M. Annis, Ph.D., Clinical Institute, Addiction Research Foundation, 33 Russell Street, Toronto, Ontario, Canada M5S 2S1
Copyright:	Copyright 1982 by the Addiction Research Foundation. Reproduced with permission by the U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute on Alcohol Abuse and Alcoholism. Further reproduction is prohibited without permission of the copyright holder.

CROSS-STUDY
SHARED DATA BASE
INTAKE INTERVIEW

IDENTIFYING INFORMATION:

☐☐☐☐☐☐☐☐☐ PATIENT NUMBER

3700111 FORM ID

☐☐ ☐☐ ☐☐ YR MO DY DATE ADMINISTERED

_______________ PATIENT NAME

_______________ NAME OF STAFF-MEMBER COMPLETING FORM

A. USAGE MEASURES

Blood Alcohol Level at Time of Interview	.000 - .400	☐☐☐
Alcohol or Drug Withdrawal Symptoms at Time of Interview	1 = yes 2 = no	☐
Alcohol Detected in Urine Sample	1 = yes 2 = no 3 = not done	☐

B. DEMOGRAPHIC AND LIFE HISTORY CHARACTERISTICS

(IN ADDITION TO FACE SHEET ITEMS)

Social Stability Index

Present Accommodation (Living with:_______________ _______________)	1 = own house 2 = apartment or rented house 3 = room 4 = institution 5 = no fixed address (incl. hostel) 6 = other: _______________	☐
Times Moved in the Past Year	0 - 10	☐☐
Times Lost Accommodation Due to Alcohol or Drug Use, Past Year	0 - 10	☐☐
Frequency of Family Contact Over Past Year With Whom: Specify _______________	1 = daily 2 = weekly 3 = monthly 4 = less than monthly 5 = none	☐
Nature of Contact (phone/face-to-face, etc.):_______________		
Can Return to Live with Family	1 = yes 2 = uncertain 3 = no 8 = does not apply	☐

Presently Employed (Name of Employer: ______________)	1 = yes 2 = no 8 = does not apply	☐
Number of Months Employed Full Time or Part Time, Past Year	0 - 12	☐☐
Number of Job Changes, Past Year	0 - 30	☐☐
Current Legal Status	1 = no problems 2 = awaiting trial 3 = on probation or parole 4 = in jail	☐

Legal History

	Past Year	Past 5 Years
Days Incarcerated	0 - ☐☐☐ 365	☐☐☐☐ 1865
Number of Convictions for Alcohol and Drug Offenses	0 - ☐☐ 10	☐☐ 50

Family History of Drinking Problems

Number of Nuclear Family Blood Relatives Definitely Known to Have Suffered at least Two Serious Consequences of Excessive Drinking (e.g.: marital, job or legal problems; physical health impairment; alcohol withdrawal symptoms, frequent blackouts; intense social disapproval)	0 - 10	☐☐
Number of Nuclear Family Blood Relatives (grandparents, parents, siblings) Definitely Known to Have Been Treated for Alcohol Problems or to Have Attended A.A. Meetings Regularly	0 - 10	☐☐
Combination of the Two Above Items (counting each relative only once)	0 - 15	☐☐

Employment History

Personal Income (to nearest thousand dollars), Past Year	0 - 200	☐☐☐

BEST COPY AVAILABLE

Weeks on Welfare or U.I.C., Past Year	0 - 52	☐
Family Income (to nearest thousand dollars), Past Year	0 - 200	☐
Number of Times Patient Lost Jobs Due to Alcohol or Drug Use, Past Year	0 - 10	☐

Treatment History

Indicate the number of times the patient has received each of the four treatment categories during the past year, and the past five years, for each substance problem:

Substance:	Frequency during Past Year				Frequency during Past 5 Years			
	Detox -OX1YA)	Overdose -OD1YA)	Outpatient -OT1YA)	Inpatient -IP1YA)	Detox -OX5YA)	Overdose -OD5YA)	Outpatient -OT5YA)	Inpatient -IP5YA)
Alcohol Only (AL-	☐	☐	☐	☐	☐	☐	☐	☐
Other Drug Only (specify: ____________) (DR-	☐	☐	☐	☐	☐	☐	☐	☐
Alcohol and Other Drug (specify drug: ____________) (AD-	☐	☐	☐	☐	☐	☐	☐	☐

		Past Year	Past 5 Years
Days in Hospital for Alcohol or Drug-Related Problems	0 -	☐ 365	☐ 900
Number of Hospital Admissions NOT Related to Alcohol or Drug Use	0 -	☐ 10	☐ 50
Times attended A.A.	0 -	☐ 300	☐ 1500

C. ALCOHOL CONSUMPTION

		Past 30 Days	Past 90 Days	Past 360 Days
Abstinent Days	0-	└┘ 30	└┘ 90	└┘ 360
Drinking Days	0-	└┘ 30	└┘ 90	└┘ 360
FIGURES WITHIN EACH BOX MUST TOTAL:		**30**	**90**	**360**

Consumption Levels

Days on Which 1 to 4 Drinks Were Consumed	0-	└┘ 30	└┘ 90	└┘ 360
Days on Which 5 to 9 Drinks Were Consumed	0-	└┘ 30	└┘ 90	└┘ 360
Days on Which 10 or More Drinks Were Consumed	0-	└┘ 30	└┘ 90	└┘ 360

FIGURES WITHIN EACH BOX MUST TOTAL TO THE CORRESPONDING NUMBER OF DRINKING DAYS ABOVE

Typical Number of Drinks Consumed on Drinking Days When More Than 10 Drinks Were Consumed	10-	└┘ 70	└┘ 70	└┘ 70

Drinking Style

1 = weekend
2 = binge
3 = steady
4 = other: ____________

└┘ └┘ └┘

Social Context		Past 30 Days	Past 90 Days	Past 360 Days
Percent of Time Spent Drinking Alone	0 -	100	100	100
Percent of Time Spent Drinking with Others Who Drank More than Patient	0 -	100	100	100
Percent of Time Spent Drinking with Others Who Drank Less than Patient	0 -	100	100	100

FIGURES WITHIN EACH BOX MUST TOTAL 100.

Beverage				
Proportion of Consumption Involving Beer	0 -	100	100	100
Proportion of Consumption Involving Wine	0 -	100	100	100
Proportion of Consumption Involving Fortified Wine	0 -	100	100	100
Proportion of Consumption Involving Liquor	0 -	100	100	100
Proportion of Consumption Involving Other Forms Of Alcohol (specify: ______________________)	0 -	100	100	100

FIGURES WITHIN EACH BOX MUST TOTAL 100.

		Past 30 Days	Past 90 Days	Past 360 Days
Number of Abstinent Days in a Protective Environment	0 -	30	90	360
Number of Days on Which Patient Drank Before Noon (note: exclude shiftworkers)	0 -	30	90	360
Longest Interval of Days Without a Drink	0 -	30	90	360

Number of Years of Problem Drinking 0 - 70

Number of Years Patient Has Typically Consumed 5 or More Drinks on Drinking Days 0 - 70

Time Elapsed Since Last Use of Alcohol 0 - 200 days; 0 - 24 hours

Number of Drinks (since midnight) on Day of Assessment 0 - 20

Number of Drinks on the Day Before Assessment 0 - 60

Recent Use (Drugs Other than Alcohol)

Time Elapsed Since Last Use of the Following Drugs: CNS stimulants, tranquilizers, narcotics, sedative-hypnotics, solvents, cannabis 0-200 days; 0-24 hours

Drugs Used Other than Alcohol Since Midnight on Day of Assessment (specify:) ________________

Drugs Used on Day Before Assessment (specify:) ________________

Tendency to Substitute Alcohol for Drugs, or vice versa
1 = yes
2 = no

Tobacco Consumption

Current Average Number of Cigarettes Consumed Daily 0-100

IF ZERO, SKIP TO QUESTION ABOUT TIME ELAPSED SINCE QUITTING SMOKING (LAST QUESTION, NEXT PAGE).

Curent Cigarette Brand Smoked (specify) ______________________ ☐☐

Is Current Brand Filtered
1 = yes, filtered
2 = no, unfiltered ☐

Size of Current Brand
1 = king-size
2 = regular ☐

Is Current Brand Mentholated
1 = menthol
2 = non-mentholated ☐

Period during which Client Has Smoked Regularly	0-52	☐☐	years
	0-12	☐☐	months
Period after Waking before Smoking First Cigarette	0-12	☐☐	hours
	0-60	☐☐	minutes
(For ex-smokers only:) Time Elapsed since Quit Smoking	0-50	☐☐	years
	0-12	☐☐	months

D. PRE-TREATMENT DRUG USE HISTORY

DRUG TYPE	Ever Used? 1 = no 2 = yes -USEDA	Total Years Used 0-30 -YRUSA	Most Typical Route of Administration 1 = oral 4 = smoked 2 = sniffed 5 = inhaled 3 = injected 6 = other -ROUTA	Year Last Used 19- 90 to -82 -LASTA	Year of Heaviest Use 19- -90 to -82 -YRHEVA	Days Used in Year of Heaviest Use 0-365 -DYHEVA	Number of Days Used in Preceding 30 Days -DYIMA	 90 Days -DY3MA	 360 Days -DYIYA	Typical Daily Frequency of Use in Preceding... 30 Days -FQIMA	 90 Days -FQ3MA	 360 Days -FQIYA
CANNABIS: marijuana, hashish, hash oil CN-				19	19							
STIMULANTS: cocaine CO-				19	19							
STIMULANTS: methamphetamine (e.g.: speed) SP-				19	19							
STIMULANTS: others (e.g.: ritalin, diet pills or amphetamines) OS-				19	19							
DEPRESSANTS: anti-anxiety drugs (e.g.: valium, librium) VA-				19	19							
DEPRESSANTS: others, esp. sedative hypnotics (e.g.: Amytal, Dalmane) OD-				19	19							
NARCOTICS: heroin HE-				19	19							
NARCOTICS: methadone MD-				19	19							
NARCOTICS: over-the-counter (e.g.: 222's) NO-				19	19							
NARCOTICS: other (e.g.: opium, morphine, Demerol, Dilaudid) OC-				19	19							
INHALANTS: glue, solvents, aerosols SI-				19	19							
INHALANTS: volatile nitrates NI-				19	19							
HALLUCINOGENS: LSD, PCP, STP, MDA, angel dust, mescaline, psilocybin, etc. HA-				19	19							
ANTI-ALCOHOL DRUGS: antabuse temposil AN-				19	19							
OTHER: OT-				19	19							

NOTE: IF "EVER USED" IS 1 (NO) FOR ANY GIVEN LINE, THE REMAINDER OF THE LINE SHOULD BE LEFT BLANK.

USAGE SUMMARY

		Past 30 Days	Past 90 Days	Past 360 Days
NLIMA, NL3MA, NLIYA	Days on which no alcohol or drugs were used	30	90	360
ALDRIMA, ALDR3MA, ALDRIYA	Days on which both alcohol and drugs were used	30	90	360
ALIMA, AL3MA, ALIYA	Days on which only alcohol was used	30	90	360
DRIMA, DR3MA, DRIYA	Days on which only drugs (not alcohol) were used	30	90	360
INJIMA, INJ3MA, INJIYA	Days on which any drug was injected	30	90	360

FIGURES WITHIN EACH BOX SHOULD ADD TO 30/90/360

E. ADVERSE CONSEQUENCES OF SUBSTANCE USE

	ALCOHOL AL-	CNS STIMULANTS ST-	TRANQUILLIZERS TQ-	NARCOTICS NA-	SEDATIVE HYPNOTICS HY-	SOLVENTS SV-	CANNABIS CA-	TOBACCO TO-	Other: ___ X-	Combination: ___ (omit tobacco from combinations)	Combination: ___	Combination: ___
Substance ever used 1 = no 2 = yes	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

NOTE: LEAVE SUBSEQUENT QUESTIONS BLANK FOR SUBSTANCES NOT USED.

Problem Areas (For each, code the highest number that applies)

	ALCOHOL AL-	CNS STIMULANTS ST-	TRANQUILLIZERS TQ-	NARCOTICS NA-	SEDATIVE HYPNOTICS HY-	SOLVENTS SV-	CANNABIS CA-	TOBACCO TO-	Other: ___ X-	Combination: ___ (omit tobacco from combinations)	Combination: ___	Combination: ___
Physical Health Impairment (including overdose but not neurological problems unless neurological damage has been diagnosed) 0 = none 1 = doctor's health warning 2 = outpatient medical treatment for physical problem (illness or accident) related to substance use 3 = inpatient hospital treatment for physical problem (illness or accident) related to substance use	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cognitive Impairment (acute or chronic) (including blackouts or memory problems, forgetting, confusion, difficulty thinking) 0 = none 1 = once 2 = more than once	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Affective Impairment (acute or chronic) (including flashbacks, substance-related psychoses, personality changes when using) 0 = none 1 = minor (impairment had no serious consequences on daily functioning) 2 = major (impairment had adverse consequences on daily functioning)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Tolerance 0 = no 1 = yes (increased dose necessary to get desired effect)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

	ALCOHOL AL-	CNS STIMULANTS ST-	TRANQUILLIZERS TQ-	NARCOTICS NA-	SEDATIVE HYPNOTICS HY-	SOLVENTS SV-	CANNABIS CA-	TOBACCO TO-	Other: ______ X-	Combination: ______ (omit tobacco from combinations)	Combination: ______	Combination: ______
Felt Need 0 = none 1 = mild (mild desire but no feeling of being dependent) 2 = strong (strong urge to use; feeling of being dependent)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Interpersonal Problems 0 = none 1 = minor (arguments or strained relationships only) 2 = major (relationships lost or about to be broken off because of substance use)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Aggression 0 = none 1 = verbally abusive when using 2 = physically violent when using	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Vocational Problems 0 = none 1 = performance affected (loss of time from work or reduced work capacity) 2 = boss complaining 3 = loss of job threatened, or actual loss of job	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Legal Problems (Substance-Related Charges) 0 = none 1 = charged only (case pending or dropped) 2 = convicted; non-custodial sentence 3 = convicted; custodial sentence	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Financial Problems 0 = none 1 = minor (spending too much) 2 = major (use of substance associated with significant loss of income, support of habit, etc.)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

During the past six months, have you experienced any of the following effects as a result of your use of alcohol or other drugs?

1 = Yes
2 = No

(Note: Leave blank for substances which the client did not use.)

	ALCOHOL AL-	CNS STIMULANTS ST-	TRANQUILIZERS TQ-	NARCOTICS NA-	SEDATIVE HYPNOTICS HY-	SOLVENTS SV-	CANNABIS CA-	TOBACCO TO-	OTHER X-
Miss work (absenteeism)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Neglect work on the job	☐	☐	☐	☐	☐	☐	☐	☐	☐
Loss of job	☐	☐	☐	☐	☐	☐	☐	☐	☐
Blackouts (loss of memory)	☐	☐	☐	☐	☐	☐	☐	☐	☐

WITHDRAWAL SYMPTOMS

(Note: For each withdrawal symptom below, code whether or not this symptom ever occurred within a few hours or days after stopping the use of alcohol or other drugs over the past six months.)

1 = Yes
2 = No

	AL-	ST-	TQ-	NA-	HY-	SV-	CA-	TO-	X-
Unusual difficulty sleeping	☐	☐	☐	☐	☐	☐	☐	☐	☐
Flu-like symptoms (runny nose, body aches)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Sick to stomach	☐	☐	☐	☐	☐	☐	☐	☐	☐
Rapid heart beat (palpitations)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Confusion or fuzzy thinking	☐	☐	☐	☐	☐	☐	☐	☐	☐
Weird or frightening sensations	☐	☐	☐	☐	☐	☐	☐	☐	☐
Shakes, tremors, sweating	☐	☐	☐	☐	☐	☐	☐	☐	☐
Visual hallucinations (see things that were not there)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Auditory hallucinations (heard things that were not there)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Tactile hallucinations (felt things on your skin that were not there)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Convulsions, seizures	☐	☐	☐	☐	☐	☐	☐	☐	☐
Delirium Tremors, DT's (includes tremors, disorientation and hallucinations)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Actual number of discrete withdrawal episodes for each substance, past 6 months 0-98	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

F. INTELLECTUAL FUNCTIONING

CLARKEA	Clarke Vocabulary Scale	0-99; 999 = missing

G. NEUROPSYCHOLOGICAL FUNCTIONING

Digit Symbol	0-19
Trails A	0-600
Trails B	0-600

CROSS-STUDY SHARED DATA BASE TREATMENT VARIABLES AND WITHIN-TREATMENT FUNCTIONING

Author: Addiction Research Foundation

Assessment Areas Covered: Type of treatment, time in treatment, reason for termination, alcohol consumption in treatment, drug use in treatment

Administration: Structured interview completed by therapist, at in-treatment

Design Features: Multiple-choice items

Abstract: This questionnaire was developed by scientists of the Addiction Research Foundation. It is completed by the therapist, detailing the type of treatment received by the client and the clinical course of the treatment. Research suggests that both pretreatment variables and the type of within-treatment variables assessed by this form are related to client outcome. An instruction manual for therapists is available on request to the Foundation.

Related Published Reports: Annis, H.M. A basic assessment package. In: Glaser, F.B.; Skinner, H.A.; Pearlman, S.; Segal, R.L.; Sisson, B.; Ogborne, A.C.; Bohnen, E.; Gazda, P.; and Zimmerman, T., eds. A System of Health Care Delivery. Vol. II. Toronto: Addiction Research Foundation, 1984.

Availability Source: Helen M. Annis, Ph.D., Clinical Institute, Addiction Research Foundation, 33 Russell Street, Toronto, Ontario, Canada M5S 2S1

Copyright: Copyright 1982 by the Addiction Research Foundation. Reproduced with permission by the U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute on Alcohol Abuse and Alcoholism. Further reproduction is prohibited without permission of the copyright holder.

CROSS-STUDY SHARED DATA BASE
TREATMENT VARIABLES AND WITHIN-TREATMENT FUNCTIONING

IDENTIFYING INFORMATION:

PATIENT NAME: ____________________

☐☐☐☐☐☐☐☐ PATIENT NUMBER

3730131 FORM ID

☐☐ ☐☐ ☐☐ YR MO DY OF ADMINISTRATION

STAFF NAME: ____________________

TYPE OF TREATMENT (check one)
TYPTRT

___ 01 R. L. P. Control
___ 02 R. L. P. Experimental
___ 03
___ 04
___ 05
___ 06
___ 07
___ 08
___ 88 other (specify: ____________________)

IF OUTPATIENT:

Number of appointments kept ☐☐
Number of appointments missed ☐☐
Number of hours of contact ☐☐
Time elapsed in treatment, in weeks ☐☐

IF INPATIENT:

Length of inpatient stay, in days ☐☐

Reason for termination: (choose one)

1 = patient and therapist agree treatment successfully completed
2 = patient and therapist agree on premature termination
3 = transferred to external agency
4 = transferred to another ARF program
5 = failed to return for scheduled appointment
6 = left against staff advice
7 = rule or contract violation
8 = other (specify:__________________________) ☐

(Please use the following rating scale for the next 8 questions:

1 = not a problem at discharge
2 = some problem
3 = serious problem
9 = not known)

Abstaining/controlling alcohol use ☐
Abstaining/controlling drug use ☐
Finding/maintaining employment ☐
Finding/maintaining accommodation ☐

Marital and family relationships ☐
Other interpersonal relationships ☐
Legal involvements ☐
Other (specify:______________) ☐

Therapist's rating of extent to which treatment goals were achieved
1 = largely achieved
2 = somewhat achieved
3 - not achieved

Therapist's rating of patient prognosis
1 = excellent
2 = good
3 = fair
4 = poor

ALCOHOL CONSUMPTION

During Treatment

% of Abstinent Days — 0- 100

% of Drinking Days — 0- 100

FIGURES WITHIN BOX MUST TOTAL 100

Consumption Levels

% of Days on Which 1 to 4 Drinks Were Consumed — 0- 100

% of Days on Which 5 to 9 Drinks Were Consumed — 0- 100

% of Days on Which 10 or More Drinks Were Consumed — 0- 100

FIGURES WITHIN BOX MUST TOTAL 100

Social Context

During Treatment

% of Time Spent Drinking Alone — 0- 100

% of Time Spent Drinking with Others Who Drank More than Patient — 0- 100

% of Time Spent Drinking with Others Who Drank Less than Patient — 0- 100

FIGURES WITHIN BOX MUST TOTAL 100

Beverage	During Treatment
% of Consumption Involving Beer	0- ___ 100
% of Consumption Involving Wine	0- ___ 100
% of Consumption Involving Fortified Wine	0- ___ 100
% of Consumption Involving Liquor	0- ___ 100
% of Consumption Involving Other Forms Of Alcohol (specify: ______________________)	0- ___ 100

FIGURES WITHIN BOX MUST TOTAL 100

WITHIN TREATMENT DRUG USE

DRUG TYPE	Used During Treatment? 1 = no 2 = yes -USEDT	Most Typical Route of Administration 1 = oral 4 = smoked 2 = sniffed 5 = inhaled 3 = injected 6 = other -ROUTT	Percentage of Treatment Days Used -DYT	Typical Daily Frequency of Use During Treatment -FQT
CANNABIS: marijuana, hashish, hash oil CN-				
STIMULANTS: cocaine CO-				
STIMULANTS: methamphetamine (e.g.: speed) SP-				
STIMULANTS: others (e.g.: ritalin, diet pills or amphetamines) OS-				
DEPRESSANTS: anti-anxiety drugs (e.g.: valium, librium) VA-				
DEPRESSANTS: others, esp. sedative hypnotics (e.g.: Amytal, Dalmane) OD-				
NARCOTICS: heroin HE-				
NARCOTICS: methadone MD-				
NARCOTICS: over-the-counter (e.g.: 222's) NO-				
NARCOTICS: other (e.g.: opium, morphine, Demerol, Dilaudid) OC-				
INHALANTS: glue, solvents, aerosols IN-				
INHALANTS: volatile nitrates NI-				
HALLUCINOGENS: LSD, PCP, STP, MDA, angel dust, mescaline, psilocybin, etc. HA-				
ANTI-ALCOHOL DRUGS: antabuse temposil AN-				
OTHER: Specify________________ OT-				

NOTE: IF "EVER USED" IS 1 (NO) FOR ANY GIVEN LINE, THE REMAINDER OF THE LINE SHOULD BE LEFT BLANK.

USAGE SUMMARY

% of days on which no alcohol or drugs were used 0- |__|__|__| 100
% of days on which both alcohol and drugs were used 0- |__|__|__| 100
% of days on which only alcohol was used 0- |__|__|__| 100
% of days on which only drugs (not alcohol) were used 0- |__|__|__| 100

FIGURES WITHIN BOX SHOULD ADD TO 100

% of days on which any drug was injected 0- |__|__|__| 100

CROSS-STUDY SHARED DATA BASE
FOLLOW-UP INTERVIEW

Author: Addiction Research Foundation

Assessment Areas Covered: Demographics, life history, legal, employment, social relationships, treatment history, alcohol consumption, tobacco consumption, drug use, adverse consequences, withdrawal symptoms, client satisfaction, recreational activities, physical health

Administration: Interview format, at followup

Design Features: Multiple-choice items

Abstract: This questionnaire was developed by scientists of the Addiction Research Foundation. It is intended to serve as a followup interview for clients after discharge from an alcoholism treatment program. The questions included mirror the information collected at intake on the Cross-Study Shared Data Base Intake Interview. The parallel nature of the items permits a comparison of the client's status at intake to his or her status following treatment.

The questionnaire has been used by a number of investigators conducting treatment research studies in the Clinical Institute of the Addiction Research Foundation. An instruction manual for interviewers is available on request to the Foundation.

Related Published Reports: Annis, H.M. A basic follow-up package. In: Glaser, F.B.; Skinner, H.A.; Pearlman, S.; Segal, R.L.; Sisson, B.; Ogborne, A.C.; Bohnen, E.; Gazda, P.; and Zimmerman, T., eds. *A System of Health Care Delivery*. Vol. III. Toronto: Addiction Research Foundation, 1984.

Availability Source: Helen M. Annis, Ph.D., Clinical Institute, Addiction Research Foundation, 33 Russell Street, Toronto, Ontario, Canada M5S 2S1

Copyright: Copyright 1982 by the Addiction Research Foundation. Reproduced with permission by the U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute on Alcohol Abuse and Alcoholism. Further reproduction is prohibited without permission of the copyright holder.

CROSS-STUDY
SHARED DATA BASE
FOLLOW-UP INTERVIEW

☐☐☐☐☐☐☐☐ PATIENT NUMBER

3740111 FORM ID

☐☐ ☐☐ ☐☐ YR MO DY DATE ADMINISTERED

________________________ PATIENT NAME

(check 1:) ☐ 6 mo. (-F1) ☐ 12 mo. (-F2) ☐ 18 mo. (-F3) after end of treatment

________________________ NAME OF STAFF MEMBER COMPLETING FORM

A. DEMOGRAPHIC AND LIFE HISTORY CHARACTERISTICS

Social Stability Index

Present Accommodation	1 = own house 2 = apartment or rented house 3 = room 4 = institution 5 = no fixed address (incl. hostel) 6 = other: ________________	☐
Frequency of Family Contact Over Past 6 Months With Whom: Specify ________________	1 = daily 2 = weekly 3 = monthly 4 = less than monthly 5 = none	☐
Can Return to Live with Family	1 = yes 2 = uncertain 3 = no 8 = does not apply	☐
Presently Employed	1 = yes 2 = no 8 = does not apply	☐
Number of Months Employed Full Time or Part Time, Past 6 Months	0-6	☐
Number of Job Changes, Past 6 Months	0-15	☐☐
Current Legal Status	1 = no problems 2 = awaiting trial 3 = on probation or parole 4 = in jail	☐
Times Moved in the Past 6 Months	0-10	☐☐

Times Lost Accommodation Due to Alcohol or Drug Use, Past 6 Months	0-10	└┴┘

Legal History

Days Incarcerated, Past 6 Months	0-190	└┴┴┘
Number of Convictions for Alcohol and Drug Offenses, Past 6 Months	0- 10	└┴┘

Employment History

Personal Income (to nearest thousand dollars), Past 6 Months	0-100	└┴┴┘
Weeks on Welfare or U.I.C., Past 6 Months	0-26	└┴┘
Family Income (to nearest thousand dollars), Past 6 Months	0-100	└┴┴┘
Number of Times Patient Lost Jobs Due to Alcohol or Drug Use, Past 6 Months	0- 10	└┴┘

Treatment History

Indicate the number of times the patient has received each of the four treatment categories during the past 6 months, for each substance problem:

Substance:	Frequency during Past 6 Months			
	Detox -OX6M-)	Overdose -OD6M-)	Outpatient -OT6M-)	Inpatient -IP6M-)
Alcohol Only (AL-	└┴┘	└┴┘	└┴┘	└┴┘
Other Drug Only (specify: __________) (DR-	└┴┘	└┴┘	└┴┘	└┴┘
Alcohol and Other Drug (specify drug: __________) (AD-	└┴┘	└┴┘	└┴┘	└┴┘

		Past 6 Months
Days in Hospital for Alcohol or Drug-Related Problems	0-190	
Number of Hospital Admissions NOT Related to Alcohol or Drug Use	0-10	
Times attended A.A.	0-190	

B. ALCOHOL CONSUMPTION

		Past 30 Days	Past 90 Days	Past 180 Days
Abstinent Days	0-	30	90	180
Drinking Days	0-	30	90	180
FIGURES WITHIN EACH BOX MUST TOTAL:		30	90	180

Consumption Levels

		Past 30 Days	Past 90 Days	Past 180 Days
Days on Which 1 to 4 Drinks Were Consumed	0-	30	90	180
Days on Which 5 to 9 Drinks Were Consumed	0-	30	90	180
Days on Which 10 or More Drinks Were Consumed	0-	30	90	180

FIGURES WITHIN EACH BOX MUST TOTAL TO THE CORRESPONDING NUMBER OF DRINKING DAYS ABOVE

			Past 30 Days	Past 90 Days	Past 180 Days
Average Number of Drinks Consumed on Drinking Days When More Than 10 Drinks Were Consumed		10-	⌴⌴ 70	⌴⌴ 70	⌴⌴ 70
Drinking Style	1 = weekend 2 = binge 3 = steady 4 = other: ____________		⌴	⌴	⌴

Social Context

Percent of Time Spent Drinking Alone	0-	⌴⌴⌴ 100	⌴⌴⌴ 100	⌴⌴⌴ 100
Percent of Time Spent Drinking with Others Who Drank More than Patient	0-	⌴⌴⌴ 100	⌴⌴⌴ 100	⌴⌴⌴ 100
Percent of Time Spent Drinking with Others Who Drank Less than Patient	0-	⌴⌴⌴ 100	⌴⌴⌴ 100	⌴⌴⌴ 100

FIGURES WITHIN EACH BOX MUST TOTAL 100.

Beverage		Past 30 Days	Past 90 Days	Past 180 Days
Proportion of Consumption Involving Beer	0-	100	100	100
Proportion of Consumption Involving Wine	0-	100	100	100
Proportion of Consumption Involving Fortified Wine	0-	100	100	100
Proportion of Consumption Involving Liquor	0-	100	100	100
Proportion of Consumption Involving Other Forms Of Alcohol (specify: ____________________)	0-	100	100	100

FIGURES WITHIN EACH BOX MUST TOTAL 100.

Number of Abstinent Days in a Protective Environment	0-	30	90	180
Number of Days on Which Patient Drank Before Noon	0-	30	90	180
Longest Interval of Days Without a Drink	0-	30	90	180
Time Elapsed Since Last Use of Alcohol	0-200 0-24			days hours
Number of Drinks (since midnight) on Day of Interview	0-20			
Number of Drinks on the Day Before Interview	0-40			

C. FOLLOW-UP DRUG USE HISTORY

DRUG TYPE		Used During Past 6 Months 1 = no 2 = yes -USED-	Most Typical Route of Administration 1 = oral 4 = smoked 2 = sniffed 5 = inhaled 3 = injected 6 = other -ROUT-	Number of Days Used in Preceding...			Typical Daily Frequency of Use in Preceding...		
				30 Days -DY1M-	90 Days -DY3M-	180 Days -DY6M-	30 Days -FQ1M-	90 Days -FQ3M-	180 Days -FQ6M-
CANNABIS: marijuana, hashish, hash oil	CN-								
STIMULANTS: cocaine	CO-								
STIMULANTS: methamphetamine (e.g.: speed)	SP-								
STIMULANTS: others (e.g.: ritalin, diet pills or amphetamines)	OS-								
DEPRESSANTS: anti-anxiety drugs (e.g.: valium, librium)	VA-								
DEPRESSANTS: others, esp. sedative hypnotics (e.g.: Amytal, Dalmane)	OD-								
NARCOTICS: heroin	HE-								
NARCOTICS: methadone	MD-								
NARCOTICS: over-the-counter (e.g.: 222's)	HO-								
NARCOTICS: other (e.g.: opium, morphine, Demerol, Dilaudid)	OC-								
INHALANTS: glue, solvents, aerosols	IN-								
INHALANTS: volatile nitrates	NI-								
HALLUCINOGENS: LSD, PCP, STP, MDA, angel dust, mescaline, psilocybin, etc.	HA-								
ANTI-ALCOHOL DRUGS: antabuse temposil	AN-								
OTHER: Specify:____________________	OT-								

NOTE: IF "EVER USED" IS 1 (NO) FOR ANY GIVEN LINE, THE REMAINDER OF THE LINE SHOULD BE LEFT BLANK.

USAGE SUMMARY

	Past 30 Days	Past 90 Days	Past 180 Days
Days on which no alcohol or drugs were used	30	90	180
Days on which both alcohol and drugs were used	30	90	180
Days on which only alcohol was used	30	90	180
Days on which only drugs (not alcohol) were used	30	90	180

FIGURES WITHIN EACH BOX SHOULD ADD TO 30/90/180 (RESPECTIVELY, LEFT TO RIGHT)

Days on which any drug was injected	30	90	180

BEST COPY AVAILABLE

D. ADVERSE CONSEQUENCES OF SUBSTANCE USE

	ALCOHOL AL-	CNS STIMULANTS ST-	TRANQUILLIZERS TQ-	NARCOTICS NA-	SEDATIVE HYPNOTICS HY-	SOLVENTS SV-	CANNABIS CA-	TOBACCO TO-	Other: ____ X-	Combination: ____	Combination: ____	Combination: ____
Substance Used in Past 6 Months 1 = yes 2 = no	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

NOTE: LEAVE SUBSEQUENT QUESTIONS BLANK FOR SUBSTANCES NOT USED.

Problem Areas (For each, code the highest number that applies)

	AL-	ST-	TQ-	NA-	HY-	SV-	CA-	TO-	X-	Combination:	Combination:	Combination:
Physical Health Impairment (including overdose but not neurological problems unless neurological damage has been diagnosed) 0 = none 1 = doctor's health warning 2 = outpatient medical treatment for physical problem (illness or accident) related to substance use 3 = inpatient hospital treatment for physical problem (illness or accident) related to substance use	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cognitive Impairment (acute or chronic) (including flashbacks, substance-related psychoses, personality changes when using) 0 = none 1 = once 2 = more than once	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Affective Impairment (acute or chronic) 0 = none 1 = minor (impairment had no important effect on daily functioning) 2 = major (impaiment had adverse consequences on daily functioning)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Tolerance 1 = no 2 = yes (increased dose necessary to get desired effect)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

	ALCOHOL AL-	CNS STIMULANTS ST-	TRANQUILLIZERS TQ-	NARCOTICS NA-	SEDATIVE HYPNOTICS HY-	SOLVENTS SV-	CANNABIS CA-	TOBACCO TO-	Other: ____ X-	Combination: ____	Combination: ____	Combination: ____
Felt Need 0 = none 1 = mild (mild desire but no feeling of being dependent) 2 = strong (strong urge to use; feeling of being dependent)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Interpersonal Problems 0 = none 1 = minor (arguments or strained relationships only) 2 = major (relationships lost or about to be broken off because of substance use)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Aggression 0 = none 1 = verbally abusive when using 2 = physically violent when using	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Vocational Problems 0 = none 1 = performance affected (lost time or reduced capacity) 2 = boss complaining 3 = loss of job threatened, or actual loss of job	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Legal Problems (Substance-Related Charges) 0 = none 1 = charged only (case pending or dropped) 2 = convicted; non-custodial sentence 3 = convicted; custodial sentence	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Financial Problems 0 = none 1 = minor (spending too much) 2 = major (use of substance associated with significant loss of income, support of habit, etc.)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

During the past six months, have you experienced any of the following effects as a result of your use of alcohol or other drugs?

1 = Yes
2 = No

(Note: Leave blank for substances which the client did not use.)

	ALCOHOL AL-	CNS STIMULANTS ST-	TRANQUILLIZERS TQ-	NARCOTICS NA-	SEDATIVE HYPNOTICS HY-	SOLVENTS SV-	CANNABIS CA-	TOBACCO TO-	OTHER X-
Miss work (absenteeism)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Neglect work on the job	☐	☐	☐	☐	☐	☐	☐	☐	☐
Loss of job	☐	☐	☐	☐	☐	☐	☐	☐	☐
Blackouts (loss of memory)	☐	☐	☐	☐	☐	☐	☐	☐	☐

WITHDRAWAL SYMPTOMS

(Note: For each withdrawal symptom below, code whether or not this symptom ever occurred within a few hours or days after stopping the use of alcohol or other drugs over the past six months.)

1 = Yes
2 = No

Unusual difficulty sleeping	☐	☐	☐	☐	☐	☐	☐	☐	☐
Flu-like symptoms (runny nose, body aches)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Sick to stomach	☐	☐	☐	☐	☐	☐	☐	☐	☐
Rapid heart beat (palpitations)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Confusion or fuzzy thinking	☐	☐	☐	☐	☐	☐	☐	☐	☐
Weird or frightening sensations	☐	☐	☐	☐	☐	☐	☐	☐	☐
Shakes, tremors, sweating	☐	☐	☐	☐	☐	☐	☐	☐	☐
Visual hallucinations (see things that were not there)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Auditory hallucinations (heard things that were not there)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Tactile hallucinations (felt things on your skin that were not there)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Convulsions, seizures	☐	☐	☐	☐	☐	☐	☐	☐	☐
Delirium Tremors, DT's (includes tremors, disorientation and hallucinations)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Actual number of discrete withdrawal episodes for each substance, past 6 months 0-98	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

Recent Use (Drugs)

Time Elapsed Since Last Use of Any Drug 0-200 ☐☐☐ days

0-24 ☐☐ hours

Drugs Used Since Midnight on Day of Assessment ____________________

Drugs Used on Day Before Assessment (specify) ____________________

Tendency to Substitute Alcohol for Drugs, or vice versa
1 = yes
2 = no
☐

Tobacco Consumption

Current Average Number of Cigarettes Consumed Daily 0-100 ☐☐☐

IF ZERO, SKIP TO SECTION E BELOW.

Curent Cigarette Brand Smoked (specify) ____________________ ☐☐

Is Current Brand Filtered
1 = yes, filtered
2 = no, unfiltered
☐

Size of Current Brand
1 = king-size
2 = regular
☐

Is Current Brand Mentholated
1 = menthol
2 = non-mentholated
☐

Has Patient Attempted to Reduce Smoking during the Past Six Months?
1 = yes
2 = no
☐

If "Yes", How Successful Was the Attempt?
1 = not successful
2 = some reduction
3 = abstinent
☐

E. NEUROPSYCHOLOGICAL FUNCTIONING

Digit Symbol 0-19 ☐☐

Trails A 0-600 ☐☐☐

Trails B 0-600 ☐☐☐

F. BAL

Blood Alcohol Level at Time of Interview .000 - .400 ☐☐☐

G. URINALYSIS

Alcohol Detected in Urine Sample
1 = yes
2 = no
3 = not done ☐

H. PATIENT'S SITUATION, BEHAVIOUR, AND ATTITUDES AT THE FOLLOW-UP INTERVIEW

Time Interview Began (24-hr. clock) ☐☐:☐☐

Time Interview Finished ☐☐:☐☐

Interview Ratings

Using the Following Scale

1 2 3 4 5

VERY LOW — VERY HIGH

Rate Each of the Following:

- Disruptiveness of Interview Setting ☐
- Cooperativeness of Patient ☐
- Evidence of Withdrawal Symptoms ☐

Evidence of Patient under the Influence of Alconol or Drugs
1 = certain
2 = suspicious
3 = none ☐

Patient's Evaluation of Treatment

Patient Overall Satisfaction with ARF Services
1 = very satisfactory
2 = satisfactory
3 = neutral
4 = unsatisfactory
5 = very unsatisfactory ☐

Would Patient Return to ARF?
1 = yes
2 = no ☐

Effects of Treatment on Alcohol or Drug Use
1 = decreased use
2 = no effect
3 = increased use ☐

Effects on Other Aspects of Life
1 = made better
2 = no effect
3 = made worse ☐

Needs Further Help or Treatment
1 = yes (specify: ______________________________)
2 = no ☐

Confidence in Future Control of Alcohol or Drug Use
1 = very confident
2 = somewhat confident
3 = neutral
4 = somewhat unconfident
5 = not confident ☐

Involvement with Alcohol or Drug Abusers

Number of Friends/Acquaintances Who Abuse Alcohol or Other Drugs 0-50 ☐

Frequency of Contact with Alcohol/Drug Abusers

1 = none
2 = less than monthly
3 = monthly
4 = weekly
5 = daily ☐

Frequency of Recreational Activities

Home Entertainment ☐
Out-of-Home Entertainment ☐
Visiting Friends ☐
Playing Games ☐
Playing Sports ☐
Hobbies ☐
Club or Group ☐

1 = none
2 = less than monthly
3 = monthly
4 = weekly
5 = daily

Health

Rating of Psychological Health

1 = good
2 = fair
3 = poor ☐

Rating of Physical Health

1 = good
2 = fair
3 = poor ☐

INVENTORY OF DRINKING SITUATIONS

Author:	Helen M. Annis
Assessment Areas Covered:	Unpleasant/pleasant emotions, physical discomfort, social relationships, decision to drink/not drink, conflict with others, pressure from others to drink, behavioral aspects of drinking
Administration:	Self-administered (10 minutes), at screening, in-treatment, and followup
Design Features:	42 multiple-choice questions
Abstract:	The Inventory of Drinking Situations (IDS) Short Form is a 42-item self-report questionnaire that provides a profile of the situations in which a client drank heavily over the past year. Eight categories of drinking situations are assessed. The empirical factor structure of the IDS has been explored, and norms for the Short Form have been established. A manual containing this information is available from the author. The Inventory is intended to be completed at the beginning of therapy to yield a profile of the types of situations that are most problematic for a client in terms of the risk of excessive drinking. Studies have shown that the typical profile of drinking situations varies across age and sex. This situational diagnosis of a client's drinking problem has been used to tailor behavioral treatment programs to the presenting needs of clients in the Clinical Institute of the Addiction Research Foundation.
Related Published Reports:	Annis, H.M. A relapse prevention model for treatment of alcoholics. In: Miller, W.R., and Heather, N. Treating Addictive Behaviors: Processes of Change. New York: Plenum Press, in press.
Availability Source:	Helen M. Annis, Ph.D., Clinical Institute, Addiction Research Foundation, 33 Russell Street, Toronto, Ontario, Canada M5S 2S1
Copyright:	Copyright 1984 by Helen M. Annis. Reproduced with permission by the U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute on Alcohol Abuse and Alcoholism. Further reproduction is prohibited without permission of the copyright holder.

INVENTORY OF DRINKING SITUATIONS

SHORT FORM

Listed below are a number of situations or events in which some people drink heavily.

Read each item carefully, and answer in terms of your own drinking over the past year.

If you "NEVER" drank heavily in that situation, circle "1"
If you "RARELY" drank heavily in that situation, circle "2"
If you "FREQUENTLY" drank heavily in that situation, circle "3"
If you "ALMOST ALWAYS" drank heavily in that situation, circle "4"

		I DRANK HEAVILY			
		Never	Rarely	Frequently	Almost Always
1.	When I had an argument with a friend.	1	2	3	4
2.	When I felt uneasy in the presence of someone.	1	2	3	4
3.	When someone criticized me.	1	2	3	4
4.	When I would have trouble sleeping.	1	2	3	4
5.	When I wanted to heighten my sexual enjoyment.	1	2	3	4
6.	When other people around me made me tense.	1	2	3	4
7.	When I would be out with friends and they would stop by a bar for a drink.	1	2	3	4
8.	When I wanted to feel closer to someone I liked.	1	2	3	4
9.	When I felt that I had let myself down.	1	2	3	4
10.	When other people treated me unfairly.	1	2	3	4
11.	When I would remember how good it tasted.	1	2	3	4
12.	When I felt confident and relaxed.	1	2	3	4
13.	When I would convince myself that I was a new person now and could take a few drinks.	1	2	3	4
14.	When I would pass by a liquor store.	1	2	3	4
15.	When I felt drowsy and wanted to stay alert.	1	2	3	4
16.	When I would be out with friends "on the town" and wanted to increase my enjoyment.	1	2	3	4
17.	When I would unexpectedly find a bottle of my favourite booze.	1	2	3	4
18.	When other people didn't seem to like me.	1	2	3	4

		I DRANK HEAVILY			
		Never	Rarely	Frequently	Almost Always
19.	When I felt nauseous.	1	2	3	4
20.	When I would wonder about my self-control over alcohol and would feel like having a drink to try it out.	1	2	3	4
21.	When other people interfered with my plans.	1	2	3	4
22.	When everything was going well.	1	2	3	4
23.	When I would be at a party and other people would be drinking.	1	2	3	4
24.	When pressure would build up at work because of the demands of my supervisor.	1	2	3	4
25.	When I was afraid that things weren't going to work out.	1	2	3	4
26.	When I felt satisfied with something I had done.	1	2	3	4
27.	When I would be in a restaurant and the people with me would order drinks.	1	2	3	4
28.	When I wanted to celebrate with a friend.	1	2	3	4
29.	When I was angry at the way things had turned out.	1	2	3	4
30.	When I would feel under a lot of pressure from family members at home.	1	2	3	4
31.	When something good would happen and I would feel like celebrating.	1	2	3	4
32.	When I would start to think that just one drink could cause no harm.	1	2	3	4
33.	When I felt confused about what I should do.	1	2	3	4
34.	When I would meet a friend and he/she would suggest that we have a drink together.	1	2	3	4
35.	When I was not getting along well with others at work.	1	2	3	4
36.	When I would be enjoying myself at a party and wanted to feel even better.	1	2	3	4
37.	When I would suddenly have an urge to drink.	1	2	3	4
38.	When I wanted to prove to myself that I could take a few drinks without becoming drunk.	1	2	3	4

		I DRANK HEAVILY			
		Never	Rarely	Frequently	Almost Always
39.	When there were fights at home.	1	2	3	4
40.	When there were problems with people at work.	1	2	3	4
41.	When I would be relaxed with a good friend and wanted to have a good time.	1	2	3	4
42.	When my stomach felt like it was tied in knots.	1	2	3	4

OUTCOME EXPECTANCIES QUESTIONNAIRE

Author: Helen M. Annis

Assessment Areas Covered: Expectancies of treatment outcome

Administration: Self-administered (5 minutes), at in-treatment and followup

Design Features: 20 items, multiple-choice

Abstract: The measurement of outcome expectancies of alcoholics in treatment has been recognized as an important area for development. There is considerable controversy about the separate and joint contribution of outcome expectancies and efficacy expectancies (self-efficacy) in the prediction of future drinking behavior of clients undergoing treatment. It is likely that the two classes of expectancy may be differentially important as a function of the specific presenting problem of the client.

The Outcome Expectancies Questionnaire was designed as a measure of a client's degree of positive and negative expectations of outcome of their treatment for alcohol problems. This type of measure has been found to be predictive of actual outcome of treatment.

Related Published Reports: None

Availability Source: Helen M. Annis, Ph.D., Clinical Institute, Addiction Research Foundation, 33 Russell Street, Toronto, Ontario, Canada M5S 2S1

Copyright: Copyright 1984 by Helen M. Annis, Addiction Research Foundation. Reproduced with permission by the U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute on Alcohol Abuse and Alcoholism. Further reproduction is prohibited without permission of the copyright holder.

OUTCOME EXPECTANCIES QUESTIONNAIRE

If I could get my drinking under control,

		extremely	quite	slightly	neither	slightly	quite	extremely	
I would feel better about myself	likely								unlikely
I would feel less depressed	likely								unlikely
I would avoid hangovers and blackouts	likely								unlikely
I would feel more inhibited	likely								unlikely
I would feel less relaxed (more tense)	likely								unlikely
I would be more anxious in social situations	likely								unlikely
I would be less aggressive	likely								unlikely
I would feel more in control of myself	likely								unlikely
I would feel less self-confident	likely								unlikely
I would be less talkative	likely								unlikely
I would remember things better	likely								unlikely
I would feel discomfort in my stomach	likely								unlikely
I would think more clearly	likely								unlikely
I would feel less sociable	likely								unlikely
I would argue less	likely								unlikely
I would enjoy myself less	likely								unlikely
I would become more irritable	likely								unlikely
I would worry more about things	likely								unlikely
I would express my feelings more	likely								unlikely
I would enjoy sex more	likely								unlikely

CLIENT SATISFACTION QUESTIONNAIRE

Authors: C. Clifford Attkisson, Gregory Pascoe, Maurice LeVois, Daniel L. Larsen, Wm. A. Hargreaves, Tuan Nguyen, and Rebecca Zwick

Assessment Areas Covered: Client satisfaction

Administration: Self-administered, at in-treatment and followup

Design Features: Short version uses four-point bipolar scales; longer versions use bipolar scales, multiple-choice, and open-ended questions.

Abstract: The Client Satisfaction Questionnaire has been developed over the past 10 years at Clifford Attkisson's Evaluation Research Laboratory at the University of California, San Francisco. A major purpose of client satisfaction research and the CSQ is to broaden the scope of client participation in the evaluation of human service programs. The CSQ is available in three forms: the *CSQ-8* is used for program evaluation purposes as a global scale; the *CSQ-18* (parallel forms A and B) is used in research and for program evaluation purposes; and the *CSQ-31* is a long scale used mainly for research and scale development purposes. The CSQ has been translated into Spanish, Chinese, Tagalog, and Dutch. In assessing the SEQ, Nguyen et al. (1983) concluded that "the SEQ is an efficiently administered instrument that (a) has excellent internal consistency, (b) is well-received by patients, service providers, and administrators, (c) is applicable to a wide range of service settings, and (d) has psychometric properties that are stable across many independent studies."

Related Published Reports:

Attkisson, C.C., and Pascoe, G.C., eds. Patient satisfaction in health and mental health services. *Evaluation and Program Planning*, 6(3&4): entire volume, 1984.

Nguyen, T.D.; Attkisson, C.C., and Stegner, B.L. Assessment of patient satisfaction: Development and refinement of a service evaluation questionnaire. *Evaluation and Program Planning*, 6:299-314, 1983.

Roberts, R.E., and Attkisson, C.C. Assessing client satisfaction among Hispanics. *Evaluation and Program Planning*, 6:401-413, 1983.

Roberts, R.E.; Attkisson, C.C.; and Stegner, B.L. A client satisfaction scale suitable for use with Hispanics? *Hispanic Journal of Behavioral Sciences*, 5(4):461-476, 1983.

Attkisson, C.C., and Zwick, R. The Client Satisfaction Questionnaire, psychometric properties and correlations with service utilization and psychotherapy outcome. *Evaluation and Program Planning*, 5:233-237, 1982.

LeVois, M.; Nguyen, T.D.; and Attkisson, C.C. Artifact in client satisfaction assessment, experience in community mental health settings. *Evaluation and Program Planning*, 4:139-150, 1981.

Larsen, D.L.; Attkisson, C.C.; Hargreaves, W.A.; and Nguyen, T.D. Assessment of client/patient satisfaction: Development of a general scale. *Evaluation and Program Planning*, 2:197-207, 1979.

Availability Source: C. Clifford Attkisson, Ph.D., Professor of Medical Psychology, University of California, San Francisco, Box 33-C, 401 Parnassus Avenue, San Francisco, California 94143

Copyright: Copyright 1984 by C. Clifford Attkisson. Reproduced with permission by the U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute on Alcohol Abuse and Alcoholism. Further reproduction is prohibited without permission of the copyright holder.

CSQ — 8

CLIENT EVALUATION OF SERVICES

Please help us improve our program by answering some questions about the services you have received. We are interested in your honest opinion, whether they are positive or negative. *Please answer all of the questions.* We also welcome your comments and suggestions. Thank you very much, we really appreciate your help.

CIRCLE YOUR ANSWER

1. How would you rate the quality of service you have received?

4	3	2	1
Excellent	*Good*	*Fair*	*Poor*

2. Did you get the kind of service you wanted?

1	2	3	4
No, definitely not	*No, not really*	*Yes, generally*	*Yes, definitely*

3. To what extent has our program met your needs?

4	3	2	1
Almost all of my needs have been met	*Most of my needs have been met*	*Only a few of my needs have been met*	*None of my needs have been met*

4. If a friend were in need of similar help, would you recommend our program to him or her?

1	2	3	4
No, definitely not	*No, I don't think so*	*Yes, I think so*	*Yes, definitely*

5. How satisfied are you with the amount of help you have received?

1	2	3	4
Quite dissatisfied	*Indifferent or mildly dissatisfied*	*Mostly satisfied*	*Very satisfied*

6. Have the services you received helped you to deal more effectively with your problems?

4	3	2	1
Yes, they helped a great deal	*Yes, they helped somewhat*	*No, they really didn't help*	*No, they seemed to make things worse*

7. In an overall, general sense, how satisfied are you with the service you have received?

4	3	2	1
Very satisfied	*Mostly satisfied*	*Indifferent or mildly dissatisfied*	*Quite dissatisfied*

8. If you were to seek help again, would you come back to our program?

1	2	3	4
No, definitely not	*No, I don't think so*	*Yes, I think so*	*Yes, definitely*

Figure 1. The CSQ-8 as Presented in the Service Evaluation Questionnaire (cf. Larsen, Attkisson, Hargreaves, & Nguyen, 1979).

CLIENT SATISFACTION QUESTIONNAIRE
CSQ — 18A

ALL INFORMATION PROVIDED BY YOU IS STRICTLY CONFIDENTIAL.
PLEASE DO NOT WRITE YOUR NAME ON THIS FORM.

C. Clifford Attkisson, Ph.D.
Gregory Pascoe

University of California
San Francisco, CA 94143

FALL 1983

PART A[1,2]

Please help us improve our program by answering some questions about the services you have received. We are interested in your honest opinions, whether they are positive or negative. ***Please answer all of the questions.*** **We also welcome your comments and suggestions. Thank you very much, we really appreciate your help.**

CIRCLE YOUR ANSWERS

1. Have you ever felt that our program was more concerned with procedures than with helping you?

4	3	2	1
Concerned mostly with helping me	*Concerned more with helping me*	*Concerned more with procedures*	*Concerned mostly with procedures*

2. How satisfied are you with the quality of the service you have received?

4	3	2	1
Very satisfied	*Mostly satisfied*	*Indifferent or mildly dissatisfied*	*Quite dissatisfied*

3. How satisfied are you with the kind of service you have received?

1	2	3	4
Quite dissatisfied	*Indifferent or mildly dissatisfied*	*Mostly satisfied*	*Very satisfied*

4. How satisfied are you with the amount of help you have received?

1	2	3	4
Quite dissatisfied	*Indifferent or mildly dissatisfied*	*Mostly satisfied*	*Very satisfied*

5. You came to our program with certain problems. How are those problems now?

1	2	3	4
Worse or much worse	*No change*	*Somewhat better*	*A great deal better*

6. Have the services you received helped you to deal more effectively with your problem?

4	3	2	1
Yes, they helped a great deal	*Yes, they helped somewhat*	*No, they really didn't help*	*No, they seemed to make things worse*

7. How convenient is the location of our building?

4	3	2	1
Very convenient	*Mostly convenient*	*Somewhat inconvenient*	*Very inconvenient*

8. In general, have the receptionists and secretaries seemed friendly and made you feel comfortable?

4	3	2	1
Yes, definitely	*Yes, most of the time*	*No, sometimes not*	*No, often not*

9. Have the services you received led to any changes in either your problems or yourself?

1	2	3	4
Yes, but the changes were for the worse	*No, there was really no noticeable change*	*Yes, some noticeable change for the better*	*Yes, a great deal of positive change*

10. Are you satisfied with the fee that was charged for the services you received?

1	2	3	4
Quite dissatisfied	*Indifferent or mildly dissatisfied*	*Mostly satisfied*	*Very satisfied*

11. Do you feel that our program has kept your problems confidential?

4	3	2	1
Yes, I feel they definitely have	*Yes, I feel they have*	*No, I feel they have not*	*No, I feel they definitely have not*

PART B

Please check or write in the appropriate answer

1. Your current age: ☐☐
2. Sex:
   - ☐ 1 Female
   - ☐ 2 Male
3. Ethnocultural group:
   - ☐ 1 American Indian/Alaskan Native
   - ☐ 2 Black/Afro-American
   - ☐ 3 Chicano/Mexican-American
   - ☐ 4 Latino/Other Latin-American
   - ☐ 5 Chinese/Chinese-American
   - ☐ 6 East Indian/Pakistani
   - ☐ 7 Japanese/Japanese-American
   - ☐ 8 Korean
   - ☐ 9 Pilipino/Filipino
   - ☐ 10 Polynesian
   - ☐ 11 Thai
   - ☐ 12 Laotian
   - ☐ 13 Cambodian
   - ☐ 14 Burmese
   - ☐ 15 Vietnamese
   - ☐ 16 White/Caucasian
   - ☐ 17 Other, please specify ____________
4. Education: (check highest level achieved)
   - ☐ 1 Grade 8 or less
   - ☐ 2 Some high school
   - ☐ 3 High school graduate
   - ☐ 4 Some college
   - ☐ 5 College graduate
   - ☐ 6 College past BA or BS
5. Current marital status:
   - ☐ 1 Never married
   - ☐ 2 Married/living with someone as married
   - ☐ 3 Separated
   - ☐ 4 Divorced
   - ☐ 5 Widowed
   - ☐ 6 Other, please specify ____________
6. Current employment: (check one)
   - ☐ 1 Employed full-time
   - ☐ 2 Employed part-time
   - ☐ 3 Housewife, full-time
   - ☐ 4 Full-time student
   - ☐ 5 Unemployed
   - ☐ 6 Retired
   - ☐ 7 Other, please specify ____________
7. Gross family income: (last year)
   - ☐ 1 $2,500 or under
   - ☐ 2 $2,501 – $5,000
   - ☐ 3 $5,001 – $7,500
   - ☐ 4 $7,501 – $10,000
   - ☐ 5 $10,001 – $12,500
   - ☐ 6 $12,501 – $15,000
   - ☐ 7 $15,001 – $20,000
   - ☐ 8 $20,001 – $25,000
   - ☐ 9 Over $25,000
8. How many times have you visited this agency for services?
   - ☐ 1 Never visited before today
   - ☐ 2 Once before, but over 6 months ago
   - ☐ 3 One visit in the last 6 months
   - ☐ 4 Two to three visits in the last 6 months
   - ☐ 5 Four to six visits in the last 6 months
   - ☐ 6 Seven or more visits in the last 6 months
9. All in all, would you say that your health is generally:
   - ☐ 1 Excellent
   - ☐ 2 Good
   - ☐ 3 Fair
   - ☐ 4 Poor
10. Taking all things together, how would you say things are these days — would you say that you're:
    - ☐ 1 Very happy
    - ☐ 2 Pretty happy
    - ☐ 3 Not too happy

12. How would you rate the quality of service you have received?

4	3	2	1
Excellent	*Good*	*Fair*	*Poor*

13. In an overall, general sense, how satisfied are you with the service you have received?

4	3	2	1
Very satisfied	*Mostly satisfied*	*Indifferent or mildly dissatisfied*	*Quite dissatisfied*

14. When you first came to our program, did the receptionists and secretaries seem friendly and make you feel comfortable?

4	3	2	1
Yes, they definitely did	*Yes, they generally did*	*No, they generally didn't*	*No, they definitely didn't*

15. Have you received as much help as you wanted?

1	2	3	4
No, definitely not	*No, not really*	*Yes, generally*	*Yes, definitely*

16. To what extent has our program met your needs?

4	3	2	1
Almost all of my needs have been met	*Most of my needs have been met*	*Only a few of my needs have been met*	*None of my needs have been met*

17. How interested have the receptionists and secretaries been in helping you?

4	3	2	1
Very interested	*Interested*	*Somewhat uninterested*	*Very uninterested*

18. How interested in helping you was the person with whom you have worked most closely?

4	3	2	1
Very interested	*Interested*	*Somewhat uninterested*	*Very uninterested*

PLEASE WRITE YOUR COMMENTS

The thing I like best about this agency is: ______________________________

____

____

____

If I could change one thing about this agency, it would be: ______________________________

____

____

____

---

[1] Attkisson, C.C., & Zwick, R. The Client Satisfaction Questionnaire: Psychometric properties and correlations with service utilization and psychotherapy outcome. *Evaluation and Program Planning*, 1982, 5, 233-237.

[2] LeVois, M., Nguyen, T.D., & Attkisson, C. C. Artifact in client satisfaction assessment: Experience in community mental health settings. *Evaluation and Program Planning*, 1981, 4, 139-150.

CLIENT SATISFACTION QUESTIONNAIRE

CSQ — 18B

ALL INFORMATION PROVIDED BY YOU IS STRICTLY CONFIDENTIAL.
PLEASE DO NOT WRITE YOUR NAME ON THIS FORM.

C. Clifford Attkisson, Ph.D.
Gregory Pascoe

University of California
San Francisco, CA 94143

FALL 1983

PART A[1, 2]

Please help us improve our program by answering some questions about the services you have received. We are interested in your honest opinions, whether they are positive or negative. *Please answer all of the questions.* We also welcome your comments and suggestions. Thank you very much, we really appreciate your help.

CIRCLE YOUR ANSWERS

1. When you first came to our program, were you seen as promptly as you felt necessary?

4	3	2	1
Yes, very promptly	*Yes, promptly*	*No, there was some delay*	*No, it seemed to take forever*

2. In general, how satisfied are you with the comfort and attractiveness of our facility?

1	2	3	4
Quite dissatisfied	*Indifferent or mildly dissatisfied*	*Mostly satisfied*	*Very satisfied*

3. Did the characteristics of our building detract from the services you have received?

1	2	3	4
Yes, they detracted very much	*Yes, they detracted somewhat*	*No, they did not detract much*	*No, they did not detract at all*

4. How satisfied are you with the amount of help you have received?

1	2	3	4
Quite dissatisfied	*Indifferent or mildly dissatisfied*	*Mostly satisfied*	*Very satisfied*

5. Considering your particular needs, how appropriate are the services you have received?

4	3	2	1
Highly appropriate	*Generally appropriate*	*Generally inappropriate*	*Highly inappropriate*

6. Have the services you received helped you to deal more effectively with your problems?

4	3	2	1
Yes, they helped a great deal	*Yes, they helped somewhat*	*No, they really didn't help*	*No, they seemed to make things worse*

7. When you talked to the person with whom you have worked most closely, how closely did he or she listen to you?

1	2	3	4
Not at all closely	*Not too closely*	*Fairly closely*	*Very closely*

8. Did you get the kind of service you wanted?

1	2	3	4
No, definitely not	*No, not really*	*Yes, generally*	*Yes, definitely*

9. Are there other services you need but have not received?

1	2	3	4
Yes, there definitely were	*Yes, I think there were*	*No, I don't think there were*	*No, there definitely were not*

10. How clearly did the person with whom you worked most closely understand your problem and how you felt about it?

4	3	2	1
Very clearly	*Clearly*	*Somewhat unclearly*	*Very unclearly*

11. How competent and knowledgeable was the person with whom you have worked closely?

1	2	3	4
Poor abilities at best	*Only of average ability*	*Competent and knowledgeable*	*Highly competent and knowledgeable*

12. How would you rate the quality of the service you have received?

4	3	2	1
Excellent	*Good*	*Fair*	*Poor*

13. In an overall, general sense, how satisfied are you with the service you have received?

4	3	2	1
Very satisfied	*Mostly satisfied*	*Indifferent or mildly dissatisfied*	*Quite dissatisfied*

14. If a friend were in need of similar help, would you recommend our program to him or her?

1	2	3	4
No, definitely not	*No, I don't think so*	*Yes, I think so*	*Yes, definitely*

15. Have the people in our program generally understood the kind of help you wanted?

1	2	3	4
No, they misunderstood almost completely	*No, they seemed to misunderstand*	*Yes, they seemed to generally understand*	*Yes, they understood almost perfectly*

16. To what extent has our program met your needs?

4	3	2	1
Almost all of my needs have been met	*Most of my needs have been met*	*Only a few of my needs have have met*	*None of my needs have been met*

17. Have your rights as an individual been respected?

1	2	3	4
No, almost never respected	*No, sometimes not respected*	*Yes, generally respected*	*Yes, almost always respected*

18. If you were to seek help again, would you come back to our program?

1	2	3	4
No, definitely not	*No, I don't think so*	*Yes, I think so*	*Yes, definitely*

PLEASE WRITE YOUR COMMENTS

The thing I like best about this agency is:

If I could change one thing about this agency, it would be:

---

[1] Attkisson, C.C., & Zwick, R. The Client Satisfaction Questionnaire: Psychometric properties and correlations with service utilization and psychotherapy outcome. *Evaluation and Program Planning*, 1982, 5, 233-237.

[2] LeVois, M., Nguyen, T.D., & Attkisson, C.C. Artifact in client satisfaction assessment: Experience in community mental health settings. *Evaluation and Program Planning*, 1981, 4, 139-150

PART B

Please check or write in the appropriate answer

1. **Your current age:** ☐☐

2. **Sex:**
   - ☐ 1 Female
   - ☐ 2 Male

3. **Ethnocultural group:**
   - ☐ 1 American Indian/Alaskan Native
   - ☐ 2 Black/Afro-American
   - ☐ 3 Chicano/Mexican-American
   - ☐ 4 Latino/Other Latin-American
   - ☐ 5 Chinese/Chinese-American
   - ☐ 6 East Indian/Pakistani
   - ☐ 7 Japanese/Japanese-American
   - ☐ 8 Korean
   - ☐ 9 Pilipino/Filipino
   - ☐ 10 Polynesian
   - ☐ 11 Thai
   - ☐ 12 Laotian
   - ☐ 13 Cambodian
   - ☐ 14 Burmese
   - ☐ 15 Vietnamese
   - ☐ 16 White/Caucasian
   - ☐ 17 Other, please specify ______________ ______________________

4. **Education: (check highest level achieved)**
   - ☐ 1 Grade 8 or less
   - ☐ 2 Some high school
   - ☐ 3 High school graduate
   - ☐ 4 Some college
   - ☐ 5 College graduate
   - ☐ 6 College past BA or BS

5. **Current marital status:**
   - ☐ 1 Never married
   - ☐ 2 Married/living with someone as married
   - ☐ 3 Separated
   - ☐ 4 Divorced
   - ☐ 5 Widowed
   - ☐ 6 Other, please specify ______________ ______________________

6. **Current employment: (check one)**
   - ☐ 1 Employed full-time
   - ☐ 2 Employed part-time
   - ☐ 3 Housewife, full-time
   - ☐ 4 Full-time student
   - ☐ 5 Unemployed
   - ☐ 6 Retired
   - ☐ 7 Other, please specify ______________ ______________________

7. **Gross family income: (last year)**
   - ☐ 1 $2,500 or under
   - ☐ 2 $2,501 – $5,000
   - ☐ 3 $5,001 – $7,500
   - ☐ 4 $7,501 – $10,000
   - ☐ 5 $10,001 – $12,500
   - ☐ 6 $12,501 – $15,000
   - ☐ 7 $15,001 – $20,000
   - ☐ 8 $20,001 – $25,000
   - ☐ 9 Over $25,000

8. **How many times have you visited this agency for services?**
   - ☐ 1 Never visited before today
   - ☐ 2 Once before, but over 6 months ago
   - ☐ 3 One visit in the last 6 months
   - ☐ 4 Two to three visits in the last 6 months
   - ☐ 5 Four to six visits in the last 6 months
   - ☐ 6 Seven or more visits in the last 6 months

9. **All in all, would you say that your health is generally:**
   - ☐ 1 Excellent
   - ☐ 2 Good
   - ☐ 3 Fair
   - ☐ 4 Poor

10. **Taking all things together, how would you say things are these days – would you say that you're:**
    - ☐ 1 Very happy
    - ☐ 2 Pretty happy
    - ☐ 3 Not too happy

CLIENT SATISFACTION QUESTIONNAIRE

April 1979 Revision

CSQ-31

DANIEL L. LARSEN **C. CLIFFORD ATTKISSON**
WM. A. HARGREAVES and **TUAN D. NGUYEN**

Department of Psychiatry
University of California, San Francisco

CLIENT SATISFACTION QUESTIONNAIRE

April 1979 Revision

DANIEL L. LARSEN **C. CLIFFORD ATTKISSON**
WM. A. HARGREAVES and **TUAN D. NGUYEN**

Department of Psychiatry
University of California, San Francisco

☐☐☐
Month Day Year (1-6)

INSTRUCTIONS: Please answer some questions about the services you have received here. *Do not sign your name.* We are interested in ***your honest*** opinions, both positive and negative. *Please answer all of the questions.* For each question please circle your answer. We also welcome your comments and suggestions. You can use the space at the end of the form for this. Thank you very much. We appreciate your help.

CIRCLE YOUR ANSWER *(Items 1–4 in columns 7–10)*

1. When you first came to our program, were you seen as promptly as you felt necessary?

4	3	2	1
Yes, very promptly	*Yes, promptly*	*No, there was some delay*	*No, it seemed to take forever*

2. Have you ever felt that our program was more concerned with procedures than with helping you?

4	3	2	1
Concered mostly with helping me	*Concerned more with helping me*	*Concerned more with procedures*	*Concerned mostly with procedures*

3. In general, how satisfied are you with the comfort and attractiveness of our facility?

1	2	3	4
Quite dissatisfied	*Indifferent or mildly dissatisfied*	*Mostly satisfied*	*Very satisfied*

4. How satisfied are you with the amount of help you have received?

1	2	3	4
Quite dissatisfied	*Indifferent or mildly dissatisfied*	*Mostly satisfied*	*Very satisfied*

Go to top of next page

CIRCLE YOUR ANSWER *(Items 5–12 in columns 11–18)*

5. How satisfied are you with the quality of the service you have received?

4	*3*	*2*	*1*
Very satisfied	*Mostly satisfied*	*Indifferent or mildly dissatisfied*	*Quite dissatisfied*

6. Did the characteristics of our building detract from the services you have received?

1	*2*	*3*	*4*
Yes, they detracted very much	*Yes, they detracted somewhat*	*No, they did not detract much*	*No, they did not detract at all*

7. Did you get the kind of service you wanted?

1	*2*	*3*	*4*
No, definitely not	*No, not really*	*Yes, generally*	*Yes, definitely*

8. You came to our program with certain problems. How are those problems now?

1	*2*	*3*	*4*
Worse or much worse	*No change*	*Somewhat better*	*A great deal better*

9. Considering your particular needs, how appropriate are the services you have received?

4	*3*	*2*	*1*
Highly appropriate	*Generally appropriate*	*Generally inappropriate*	*Highly inappropriate*

10. Have the services you received helped you to deal more effectively with your problems?

4	*3*	*2*	*1*
Yes, they helped a great deal	*Yes, they helped somewhat*	*No, they really didn't help*	*No, they seemed to make things worse*

11. When you talked to the person with whom you have worked most closely, how closely did he or she listen to you?

1	*2*	*3*	*4*
Not at all closely	*Not too closely*	*Fairly closely*	*Very closely*

12. How convenient is the location of our building?

4	*3*	*2*	*1*
Very convenient	*Mostly convenient*	*Somewhat inconvenient*	*Very inconvenient*

Go to top of next page

CIRCLE YOUR ANSWER *(Items 13–20 in columns 19–26)*

13. How satisfied are you with the kind of service you have received?

1	*2*	*3*	*4*
Quite dissatisfied	*Indifferent or mildly dissatisfied*	*Mostly satisfied*	*Very satisfied*

14. In general, have the receptionists and secretaries seemed friendly and made you feel comfortable?

4	*3*	*2*	*1*
Yes, definitely	*Yes, most of the time*	*No, sometimes not*	*No, often not*

15. Are there other services you need but have not received?

1	*2*	*3*	*4*
Yes, there definitely were	*Yes, I think there were*	*No, I don't think there were*	*No, there definitely were not*

16. Have the services you received led to any changes in either your problems or yourself?

1	*2*	*3*	*4*
Yes, but the changes were for the worse	*No, there was really no noticeable change*	*Yes, some noticeable change for the better*	*Yes, a great deal of positive change*

17. How clearly did the person, with whom you worked most closely, understand your problem and how you felt about it?

4	*3*	*2*	*1*
Very clearly	*Clearly*	*Somewhat unclearly*	*Very unclearly*

18. Are you satisfied with the fee that was charged for the services you received?

1	*2*	*3*	*4*
Quite dissatisfied	*Indifferent or mildly dissatisfied*	*Mostly satisfied*	*Very satisfied*

19. How competent and knowledgeable was the person with whom you have worked closely?

1	*2*	*3*	*4*
Poor abilities at best	*Only of average ability*	*Competent and knowledgeable*	*Highly competent and knowledgeable*

20. In an overall, general sense, how satisfied are you with the service you have received?

4	*3*	*2*	*1*
Very satisfied	*Mostly satisfied*	*Indifferent or mildly dissatisfied*	*Quite dissatisfied*

Go to top of next page

CIRCLE YOUR ANSWER *(Items 21–28 in columns 27–34)*

21. How would you rate the quality of service you have received?

4	*3*	*2*	*1*
Excellent	*Good*	*Fair*	*Poor*

22. Do you feel that our program has kept your problems confidential?

4	*3*	*2*	*1*
Yes, I feel they definitely have	*Yes, I feel they have*	*No, I feel they have not*	*No, I feel they definitely have not*

23. If a friend were in need of similar help, would you recommend our program to him or her?

1	*2*	*3*	*4*
No, definitely not	*No, I don't think so*	*Yes, I think so*	*Yes, definitely*

24. When you first came to our program, did the receptionists and secretaries seem friendly and make you feel comfortable?

4	*3*	*2*	*1*
Yes, they definitely did	*Yes, they generally did*	*No, they generally didn't*	*No, they definitely didn't*

25. Have the people in our program generally understood the kind of help you wanted?

1	*2*	*3*	*4*
No, they misunderstood almost completely	*No, they seemed to misunderstand*	*Yes, they seemed to generally understand*	*Yes, they understood almost perfectly*

26. Have you received as much help as you wanted?

1	*2*	*3*	*4*
No, definitely not	*No, not really*	*Yes, generally*	*Yes, definitely*

27. To what extent has our program met your needs?

4	*3*	*2*	*1*
Almost all of my needs have been met	*Most of my needs have been met*	*Only a few of my needs have been met*	*None of my needs have been met*

28. How interested have the receptionists and secretaries been in helping you?

4	*3*	*2*	*1*
Very interested	*Interested*	*Somewhat uninterested*	*Very uninterested*

Go to top of next page

CIRCLE YOUR ANSWER *(Items 29 – 31 in columns 35–37)*

29. Have your rights as an individual been respected?

1	*2*	*3*	*4*
No, almost never respected	*No, sometimes not respected*	*Yes, generally respected*	*Yes, almost always respected*

30. How interested in helping you was the person with whom you have worked most closely?

4	*3*	*2*	*1*
Very interested	*Interested*	*Somewhat uninterested*	*Very uninterested*

31. If you were to seek help again, would you come back to our program?

1	*2*	*3*	*4*
No, definitely not	*No, I don't think so*	*Yes, I think so*	*Yes, definitely*

COMMENTS AND SUGGESTIONS:

Go to top of next page

FOR OFFICE USE ONLY (Do not write below this line)

Agency Name ________________________ ☐☐ (38-39)

Respondent Code Number (ID): ☐☐☐☐☐☐ (40-45)

Date Current Service Began: ☐☐ ☐☐ ☐☐ (46-51)
Month Day Year

Date Current Service Ended
(Include only where applicable): ☐☐ ☐☐ ☐☐ (52-57)
Month Day Year

Approximate Amount of Services Provided:

Number of Outpatient Visits: ☐☐☐ (58-60)

Number of Partial Care Days: ☐☐☐ (61-63)

Number of Residential or Inpatient Days ☐☐☐ (64-66)

CARD NUMBER 1 (67)

SUPPLEMENTARY INFORMATION

INSTRUCTIONS:

In the last section you described some of the things that you like and dislike about this agency. Now, we would like to know a little more about you. This will help us tell how well the agency is serving different groups of clients. All information provided by you in this questionnaire is strictly confidential.

BACKGROUND (Please circle or write in appropriate answer)

CARD 2

SEX:
☐ (1)
1. Female
2. Male

AGE:
☐ (2-3) Years

CURRENT EMPLOYMENT:
☐ (4)
1. Employed full-time
2. Employed part-time
3. Housewife
4. Unemployed
5. Full-time student
6. Part-time student
7. Retired

EDUCATION:
☐ (5)
1. Grade 8 or less
2. Some high school
3. High school grad
4. Some college
5. College graduate
6. College past BA or BS

MARITAL STATUS:
☐ (6)
1. Never married
2. Married
3. Separated
4. Divorced
5. Widowed

YEARLY FAMILY INCOME:
☐ (7)
1. $2500 or under
2. $2501 – $5000
3. $5001 – $7500
4. $7501 – $10,000
5. $10,001 – $12,500
6. Over $12,500

ETHNOCULTURAL GROUP:
☐ (8)
1. American Indian
2. Black
3. Chinese
4. Filipino
5. Japanese
6. Mexican American
7. Other Latin or Spanish heritage
8. White
9. Other: ____________
____

USUAL OCCUPATION:
____________ ☐ (9-10)

CURRENT OCCUPATION:
____________ ☐ (11-12)

☐ (13-14) NUMBER OF PEOPLE DEPENDENT ON ABOVE INCOME, INCLUDING SELF.

SERVICE (Please circle appropriate answer)

I HAVE USUALLY COME TO THIS AGENCY:
☐ (15)
1. Only when I need to.
2. Once or twice a month.
3. Once a week.
4. Two or three times a week.
5. More than three times a week.
6. I only came here once.

HAVE YOU RECEIVED SERVICES HERE BEFORE?
☐ (16)
1. Yes
2. No

ARE YOU STILL RECEIVING SERVICES HERE?
☐ (17)
1. Yes
2. No, I was not satisfied & left.
3. No, I got what I needed and left.
4. No, I couldn't afford it.
5. No, I was told that I would have to stop coming here.

HAVE YOU EVER RECEIVED SIMILAR SERVICES ELSEWHERE?
☐ (18)
1. Yes
2. No

HAVE YOU BEEN CHARGED A FEE FOR THE SERVICES YOU RECEIVED?
☐ (19)
1. Yes, a full fee.
2. Yes, a part fee.
3. No, I pay no fee.

Thank you again for your help. The information you have provided is appreciated and will be valuable as we work toward maintaining and improving the quality of services.

FOR OFFICE USE ONLY (Do not write below this line)

Agency: ☐ (38-39) Respondent Code Number (ID): ☐ (40-46) CARD NUMBER 2 (67)

DRINKING CLASSIFICATION INDICES

Authors:	Jeffrey M. Brandsma, Maxie C. Maultsby, Jr., and Richard J. Welsh
Assessment Areas Covered:	Alcohol consumption quantity/frequency, alcohol dependence syndrome, severity of, resource person, diagnosis
Administration:	Completed by researcher using self-report data provided by subject, at screening and followup
Design Features:	Methodology and procedures for generating indexes of alcohol consumption.
Abstract:	The Drinking Classification Indices were adapted by the authors for use in their 1972-77 study of outpatient treatment for 260 problem drinkers. The scale was used as a measure of alcohol consumption and was administered six times to subjects from pretreatment to followup. A modified form of the scale was administered to family members during followup. The scale generates three indexes of drinking behavior: the Quantity-Frequency-Variability Index, the Volume-Variability Index, and the Quantity-Volume Index. The scale is based on the Quantity-Frequency-Variability Index as developed by Cahalan et al. (1969). The version employed by the authors is based on a modified protocol (Volume-Pattern Index) developed by Bowman et al. (1975). The authors (1980) state that "Despite the absolutely essential nature of this measure, it remains one of the most difficult to assess reliably and validly because investigators are forced to rely on post hoc self-report rather than direct observation."
Related Published Reports:	Brandma, J.M.; Maultsby, M.C.; and Welsh, R.J. Outpatient Treatment of Alcoholism, a Review and Comparative Study. Baltimore: University Park Press, 1980.[1] Bowman, R.S.; Stein, L.T.; and Newton, J.R. Measurement and interpretation of drinking behavior. Journal of Studies on Alcohol, 36:1154-1172, 1975. Cahalan, D.; Cissin, I.H.; and Crossley, H.M. American Drinking Practices: A National Survey of Drinking Behavior and Attitudes. Monograph No. 6. New Brunswick, N.J.: Rutgers Center of Alcohol Studies, 1969. Armor, D.J.; Polich, J.M.; and Stambul, H.B. Alcoholism and Treatment. New York: Wiley & Sons, 1978.
Availability Source:	Available in Brandsma et al. (1980), subject to copyright limitations.
Copyright:	Copyright 1980 by University Park Press. Reproduced with permission by the U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute on Alcohol Abuse and Alcoholism from Brandma, J.M.; Maultsby, M.C.; and Welsh, R.J. Outpatient Treatment of Alcoholism, a Review and Comparative Study. Baltimore: University Park Press, 1980. Further reproduction is prohibited without permission of the copyright holder.

---

[1] Refer to volume 1 in this series, Summaries of Alcoholism Treatment Assessment Research, for a further discussion of Outpatient Treatment of Alcoholism, which contains the Drinking Classification Indices.

DRINKING CLASSIFICATION INDICES

COMPUTATION OF ETHANOL INTAKE FROM Q-F-V SCALES

Using quantity-frequency-variability (Q-F-V) scales of alcohol consumption similar to those originally developed by Calahan, Cissin, and Crossley (1969), a rough estimate of the respondent's average ethanol intake per day can be made. The Q-F-V instrument consists of two scales: 1) A frequency scale, designed to determine how often the respondent drinks each of three types of alcohol (beer, wine, and liquor). The scale range is from "three times a day" to "never" and each scale point may be converted to a proportion of the total time span considered (F) (see Table M-5). 2) The quantity-variability scale. Quantities are expressed in units frequently used with the specific alcohol beverage considered (e.g., 12-oz. bottles of beer, 4-oz. glasses of wine, and 1-oz. shots of liquor). For each of three quantity ranges ("7 or more," "3, 4, or 5," "1, 2, or 3") the respondent indicates how often he drinks that quantity of beverage. That is, are seven or more shots of liquor consumed "every time," "often," "sometimes," "once in a while," or "never"? Thus both quantity and variability of consumption are estimated.

With the information obtained in the quantity-variability scale, ounces of alcohol consumed per drinking occasion can be estimated. The median quantity listed is multiplied by the unit used for each type of alcohol. Table M-1 lists the quantity (Q) obtained from the computation.

Because drinking is variable, each of the quantities listed in Table M-1 may be consumed some proportion of the time (P). Table M-4 may be used to compute the proportion (see also Calahan et al., 1969, p. 214). A summation of each quantity times its proportion provides an estimate of the ounces of each beverage consumed per drinking occasion (Bev/oz). In other words:

$$\text{Bev/oz} = QP \tag{1}$$

Total ethanol intake per drinking occasion (ethanol total) can be determined by multiplying the ounces for each beverage (Bev/oz) with a special proportion of ethanol (P_E) contained in that beverage and summing these products. Thus it is assumed that beer is 4% ethanol, wine is 15%, and liquor is 45%. These proportions are consistent with those used by Armor, Polich, and Stambul (1978) and by Calahan et al. (1969). In other words:

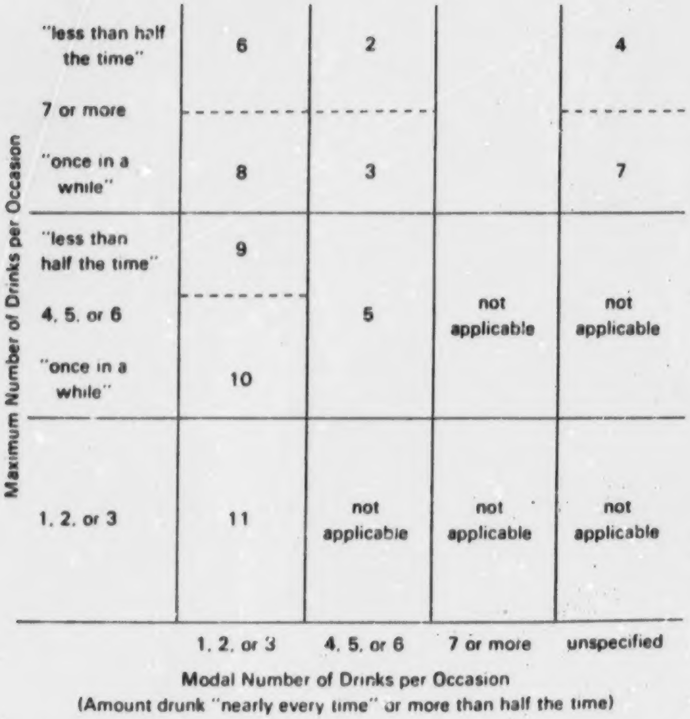
$$\text{Ethanol total} = (\text{Beer/oz} \times 0.04) + (\text{Wine/oz} \times 0.15) + (\text{Liquor/oz} \times 0.45) \tag{2}$$

Finally, an estimate of the average ethanol intake per day can be made by multiplying the frequency (*F*) of each beverage times Bev/oz times the ethanol constant for that beverage and summing those products, i.e.:

$$\begin{aligned}\text{Ethanol per day} = {} & (F\ \text{beer} \times \text{beer/oz} \times 0.04) + (F\ \text{wine} \times \text{wine/oz} \times 0.15) \\ & + (F\ \text{liquor} \times \text{liquor/oz} \times 0.45)\end{aligned} \tag{3}$$

Table M-1. Ounces of beverage consumed for each level of the quantity-variability scale

Quantity scale	Median quantity	12 oz beer	4 oz wine
7 or more	8	96	32
4, 5, or 6	5	60	20
1, 2, or 3	2	24	8



Maximum Number of Drinks per Occasion		1, 2, or 3	4, 5, or 6	7 or more	unspecified
7 or more	"less than half the time"	6	2		4
	"once in a while"	8	3		7
4, 5, or 6	"less than half the time"	9	5	not applicable	not applicable
	"once in a while"	10			
1, 2, or 3		11	not applicable	not applicable	not applicable

Modal Number of Drinks per Occasion
(Amount drunk "nearly every time" or more than half the time)

Figure M-1. Quantity-variability (Q-V) classifications of the Q-F-V index. (Modified—for original classification, see Calahan et al., 1969, p. 13.)

Table M-2. Quantity-variability classifications

Quantity-variability class	Modal quantity (amount drunk "nearly every time" or "more than half the time")	Maximum quantity (highest quantity drunk)
1	7 or more	7 or more
2	4, 5, or 6	7 or more "less than half the time"
3	4, 5, or 6	7 or more "once in a while"
4	No mode specified	7 or more "less than half the time"
5	4, 5, or 6	4, 5, or 6
6	1, 2, or 3	7 or more "less than half the time"
7	No mode specified	7 or more "once in a while"
8	1, 2, or 3	7 or more "once in a while"
9	1, 2, or 3	3, 4, or 5 "less than half the time"
10	1, 2, or 3	3, 4, or 5 "once in a while"
11	1, 2, or 3	1, 2, or 3

Modified—for original classification see: Calahan, D., Cisin, I. H., Crossly, H. M. 1969. *American Drinking Practices: A National Survey of Drinking Behavior and Attitudes*, p. 13. Rutgers Center of Alcohol Studies, New Brunswick, N.J.

Table M-3. Q-F-V classifications

Q-F-V group	Frequency (of any alcoholic beverage)	Quantity-variability class (beverage drunk most often)	Classification codes
1. Heavy drinkers	a. 3 or more times a day	1–11	1
	b. 2 times a day	1–9	
	c. Every day or nearly every day	1–8	
	d. 3 or 4 times a week	1–5	
	e. 1 or 2 times a week	1–4	
	f. 2 or 3 times a month	1	
2. Moderate drinkers	a. 2 times a day	10–11	2
	b. Every day or nearly every day	9–10	
	c. 3 or 4 times a week	6–9	
	d. 1 or 2 times a week	5–9	
	e. 2 or 3 times a month	2–8	
	f. About once a month	1–6	
3. Light drinkers	a. Every day or nearly every day	11	3
	b. 1 to 4 times a week	10–11	
	c. 2 or 3 times a month	9–11	
	d. About once a month	7–11	
4. Infrequent drinkers	Drank less than once a month but at least once every 3 months[a]		4
5. Abstainers	Drank none of the 3 beverages (never)[b]		5

[a] Modified: Original statement from Calahan et al. is: Drank less than once a month but at least once a year.

[b] Modified: Original statement from Calahan et al. is: Drank none of the three beverages as often as once or never.

Table M-4. Proportion of drinking per occasion computation

For each beverage (wine, beer, liquor) the proportion of time that the subject spent consuming is calculated using the information given in the BRS Drinking Questionnaire. Please note the order of the information requested.

Part I. 7 or more measures of beverage

	Weight	Where checked
a. Nearly every time	4	
b. Often; more than half the time	3	
c. Sometimes; less than half the time	2	
d. Once in a while	1	
e. Never	0	

Weight checked ____ for 7 or more measures (C)

Part II. 3, 4, or 5 measures of beverage

	Weight	Where checked
a. Nearly every time	4	
b. Often; more than half the time	3	
c. Sometimes; less than half the time	2	
d. Once in a while	1	
e. Never	0	

Weight checked ____ for 3, 4, or 5 measures (B)

Part III. 1, 2, or 3 measures of beverage

	Weight	Where checked
a. Nearly every time	4	
b. Often; more than half the time	3	
c. Sometimes; less than half the time	2	
d. Once in a while	1	
e. Never	0	

Weight checked ____ for 1, 2, or 3 measures (A)

Total of all weights checked ________ (Cannot be greater than 6)

Parts[a]	Measures[a]	Weight checked	÷	Total of all weights	=	Proportion of Occasion for beverage[b]
III	1, 2, or 3	____(A)	÷	____	=	0.____(A)
II	4, 5, or 6	____(B)	÷	____	=	0.____(B)
I	7 or 8	____(C)	÷	____	=	0.____(C)

[a] Note the reversal of the Parts and Measures.

[b] When the three proportions are added together they must equal 1.00; if they do not you have made an arithmetic error.

Note:

Part I.

1. Code directly from appropriate beverage information, e.g., question 10C for wine, 13C for Beer, and 12C for liquor in the Behavior Ratio Scale (Drinking).

Part II.

1. If you checked (a) (Nearly every time) in Part I then you must check (3) (Never) in Part II.
2. If you checked (b) (Often; more than half the time) in Part I then you must check (c) (Sometimes; less than half the time) in Part II.
3. If you checked (c) (Sometimes; less than half the time) in Part I you *can't* check (a) (Nearly every time) in Part II—check (b) (Often; more than half the time) instead.

Part III.

1. If you checked (a) (Nearly every time) in Part I then you must check (e) (Never) in Part III.
2. If you checked (b) (Often; more than half the time) in Part I then you must check (e) (Never) in Part III.
3. If you checked (a) (Nearly every time) in Part II then you must check (e) (Never) in Part III.
4. If you checked (b) (Often; more than half the time) in Part II and you checked (c) (Sometimes; less than half the time) in Part I then you must check (e) (Never) in Part III.
5. If you checked (d) (once in a while) in both Parts I and II then you must check (a) (Nearly every time) in Part III.
6. If you do not drink this beverage at all you must check (e) (Never) in Parts I, II, and III.
7. If you checked (e) (Never) in Part I and either (d) (Once in a while) or (e) (Never) in Part II and note 6 does not apply, then you must check (a) (Nearly every time) in Part III.

Table M-5. Frequency of consumption (for the volume-variability index)

How often you usually drink a beverage[a] (wine, beer, hard liquor)	Number of drinking occasions per 90 days	Number of drinking occasions per day
3 or more times/day	270	3.000
2/day	180	2.000
1/day	90	1.000
Nearly every day	66	0.733
3-4/week	45	0.500
1-2/week	21	0.233
2-3/month	7.5	0.083
About 1/month	3	0.033
Less than 1/month but at least 1/3 months[b]	1.5[d]	0.017
Never[c]	0	0.000

Modified for 90 days instead of 1 month. For original see: Calahan, D., Cisin, I. H., Crossly, H. M. 1969. *American Drinking Practices: A National Survey of Drinking Behavior and Attitudes*, pp. 213-214. Rutgers Center of Alcohol Studies, New Brunswick, N.J.

[a] See BRS—Drinking for responses.

[b] Modified: Original statement from Calahan et al. is: Less than once a month but at least once a year.

[c] Modified: Original statement from Calahan et al. is: Less than once a year or never.

[d] No value was assigned to this category and persons were not asked the amount and variability of consumption in the Calahan et al. study. This is *not* the case in this study (see also note [c]).

Table M-6. Average number of drinks of a beverage per day

For each beverage (wine, beer, and liquor) use the following procedure to calculate the average number of drinks (wine = 4-oz glass; beer = 12-oz glass bottles; liquor = 1-oz shots) that a client used per day over a 90-day period under investigation.

Part A. Total drinks by measure
Beverage = ________

Measure	Proportion of occasion for beverage[a]	×	Average number of drinks	=	Total drinks by measure
1, 2, or 3	0.____(A)	×	2	=	________
4, 5, or 6	0.____(B)	×	5	=	________
7 or more	0.____(C)	×	8	=	________

Part B. Total drinks by occasion

Total drinks by measure 1, 2, or 3	+	Total drinks by measure 3, 4, or 5	+	Total drinks by measure, 7 or more	=	Total drinks by occasion
________	+	________	+	________	=	________

Part C. Average drinks of beverage per day

Total drinks by occasion	×	Frequency of consumption (occasions per day)[b]	=	Average drinks per day
________	×	________	=	________

See: Calahan, D., Cisin, I. H., Crossly, H. M. 1969. *American Drinking Practices: A National Survey of Drinking Behavior and Attitudes*, pp. 213-215. Rutgers Center of Alcohol Studies, New Brunswick, N.J.

[a] See Appendix M, Table M-4.

[b] See Table M-5 (which converts responses of the appropriate beverage frequency question Q9W, Q10B, Q11L) to occasion per day.

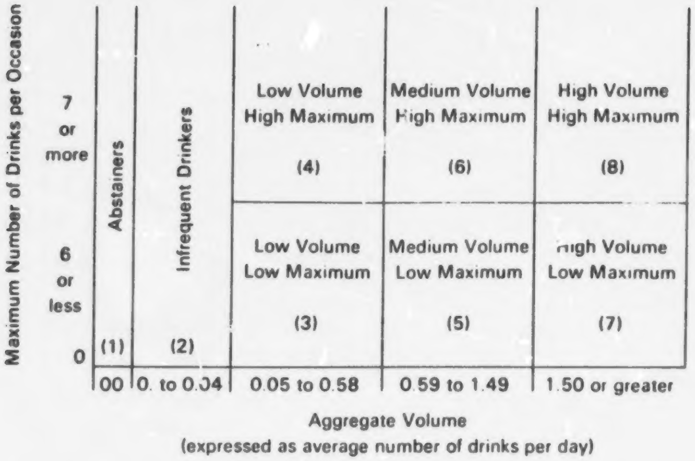

Maximum Number of Drinks per Occasion
7
or
more
6
or
less
0
Abstainers
Infrequent Drinkers
(1)
(2)
Low Volume
High Maximum
(4)
Medium Volume
High Maximum
(6)
High Volume
High Maximum
(8)
Low Volume
Low Maximum
(3)
Medium Volume
Low Maximum
(5)
High Volume
Low Maximum
(7)
00
0. to 0.04
0.05 to 0.58
0.59 to 1.49
1.50 or greater
Aggregate Volume
(expressed as average number of drinks per day)

Figure M-2. Volume-variability (V-V) index. (1) Abstainers: Those who drank less than once a year or never. (2) Infrequent Drinkers: Those who drank at least once in 3 months. (Modified—high maximum went from 5 or more to 7 or more. For original classification see Calahan et al., 1969, pp. 213–214.)

BEHAVIOR RATING SCALE–SOCIAL, EMPLOYMENT, ECONOMIC, LEGAL, AND DRINKING

Authors: Jeffrey M. Brandsma, Maxie C. Maultsby, Jr., and Richard J. Welsh

Assessment Areas Covered: Social functioning, employment, legal, alcohol consumption, decision to drink/not drink, resource person, baseline

Administration: Administered by an interviewer, at screening, in-treatment, and followup

Design Features: 64 items; multiple-choice, yes/no, and completion questions

Abstract: The Behavior Rating Scale was adapted by the authors for use in their 1972-77 study of outpatient treatment for 260 problem drinkers. The scale was used to evaluate changes in social functioning, employment record, and drinking pattern. It is described by the authors as the "bedrock" instrument of their study. The scale consists of individual scales--social, employment, economic, legal, and drinking. The scale was administered six times to subjects from pretreatment to followup. A modified form of the scale was administered to family members during the followup phase. The initial version of the scale was developed by Ludwig et al. (1970). The authors employed a version developed by Stein et al. (1975). Although the validity and reliability of the BRS social, employment, economic, legal, and drinking scales have not been rigorously established, Stein et al. proposed that "inferential validation" exists and were confident "that the BRS is a reasonably reliable and valid instrument" (p. 252).

Related Published Reports:

Brandsma, J.M.; Maultsby, M.C.; and Welsh, R.J. Outpatient Treatment of Alcoholism: A Review and Comparative Study. Baltimore: University Park Press, 1980.[1]

Stein, L.L.; Newton, J.R.; and Bowman, R.S. Duration of hospitalization for alcoholics. Archives of General Psychiatry, 32:247-252, 1975.

Ludwig, A.M.; Levine, J.; and Stark, L.H. LSD and Alcoholism: A Clinical Study of Treatment Efficacy. Springfield, Ill.: Thomas, 1970.

Availability Source: Available in Brandsma et al. (1980), subject to copyright limitations.

Copyright: Copyright 1980 by University Park Press. Reproduced with permission by the U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute on Alcohol Abuse and Alcoholism from Brandsma, J.M.; Maultsby, M.C.; and Welsh, R.J. Outpatient Treatment of Alcoholism: A Review and Comparative Study. Baltimore: University Park Press, 1980. Further reproduction is prohibited without permission of the copyright holder.

---

[1] Refer to volume 1 in this series, Summaries of Alcoholism Treatment Assessment Research, for a further discussion of Outpatient Treatment of Alcoholism, which contains the Behavior Rating Scale.

BEHAVIOR RATING SCALE AND SCORING KEYS– SOCIAL, EMPLOYMENT, ECONOMIC, LEGAL, AND DRINKING

SOCIAL

1. a. At the present time do you live alone or with someone?
____Alone ____With someone
b. Where do you live?
____My own house, trailer, or other owned quarters.
____Rented (or provided) house, apartment, or trailer (with cooking facilities).
____Rented (or provided) room, hotel, boarding house (without cooking facilities).
____Other (Explain) ____________________

2. In the past 3 months (or since we last saw you) how many times have you changed your home address, if at all?
____0–1 Move ____2 Moves ____3 or more moves

3. How many meals per day do you usually eat? ____ Where do you eat?

Meal	Home where I live	Work	Other
Breakfast			
Lunch (mid-day)			
Supper			
Other			

____all at work or other
____all at home
____some at home, some at work or other

4. In the past 3 weeks have you usually eaten ________ by yourself or with someone? If with someone, do you usually know the person well?

			Know well	
Meal	Alone	With someone	Yes	No
Breakfast				
Lunch (mid-day)				
Supper				
Other				

____2 or more with someone
____1 with someone
____0 with someone

5. In how many different places have you spent the night during the past month?
____0–1 place ____4 places
____2 places ____5 places
____3 places ____6 or more places

6. How many really close friends (including relatives) would you say you have at this time? ________
____None ____1 or more

7. How many of those friends have you talked to in the past week?
____None ____ 1 or more

8. How often in the past week have you gone out of your way to meet one of these friends? For example, by calling him, going to his house, going across the street to talk to him?
____None ____1 or more

9. a. Do you belong to any organizations, clubs, groups or churches (excluding AA)?
____No (Go to question 10) ____Yes
If yes:
b. Which ones? ____________________
c. How many of these have you joined in the past 3 months (or since we last saw you)? ____________________
d. Do you serve as an officer in any of these groups?
____No ____Yes
e. On the average, how many times each month do you go to meeting of these groups?

10. Are you presently affiliated with Alcoholics Anonymous?
____No ____Yes

11. In the last 3 months (or since we last saw you), on the average, how many scheduled AA meetings per month have you attended (or total number of meetings in specified time period)? ____________

12. a. In the last 3 months (or since we last saw you) were there any times you stopped by an AA meeting at times when no meeting was scheduled—to visit, find someone, ask questions?
____No (Go to question 13) ____Yes
If yes:
b. On the average, how many times each week have you done that?__

13. Do you have an AA sponsor assigned to you at the present time?
____No ____Yes

Scoring Key

Total score was derived by summing the weights for the following items:

Item	Item content	Responses	Weight
1A	Whom do you live with?	Alone	0
		With someone	1
1B	Where do you live?	Other	0
		Rented room	1
		Rented apt.	2
		Own home	3
		Missing	4
02	Number of moves since we last saw you	3+ moves	0
		2 moves	1
		0 or 1 move	2
		3 or more moves	3

Total score was derived by summing the weights for the following items:

Item	Item content	Responses	Weight
04	Total score for eating meals	No meals with others	0
		1 meal	1
		2+ meals	2
		Missing	3
05	Number of different places you have spent the night	6+	0
		5 places	1
		4	2
		3	3
		2	4
		0 or 1	5
06	Number of close friends	None	0
		1 or more	1
07	Number of friends talked with in last week	None	0
		1 or more	1
08	Number of friends you sought out in last week	None	0
		1 or more	1
09	Belong to any organizations except AA	Not in a group	0
		In a group	1
		Officer in group	2
10	Currently in AA	No	0
		Yes	1
12A	Have you gone by AA for visits?	No	0
		Yes	1
13	Currently have AA sponsor	No	0
		Yes	1

EMPLOYMENT

1. a. Are you employed at the present time?
   ____No (Go to question 2)
   ____Yes
   b. Do you work full time or part-time?
   ____Full time ____Part-time
   c. What hours during the day do you usually work? ______________
   d. What days of the week do you usually work? ______________
   (Go to question 3)
2. a. What type of job did you last have? ______________
   b. How long ago did you leave the job? ______________
   c. Under what circumstances did you leave the job?
   ____Quit ____Fired ____Retired
   ____Laid off ____Disabled ____Other
   d. Have you looked for other work? ____No ____Yes

3. a. What type of job is it? ________

b. How much do you earn? Per year ________ Per month ________
Per week ____________ (Hollingshead #________)
____1 $0–50 per week, or presently unemployed
____2 $51–100
____3 $101–150
____4 $151–200
____5 $201–250
____6 $251+

c. Do you receive room and/or board as payment for work?
____No ____Yes ____Unemployed

d. Are you self-employed?
____No ____Yes

e. Is the work temporary or permanent?
____Temporary ____Permanent ____Unemployed

f. Is the work steady or seasonal?
____Steady ____Seasonal

4. How long have you had/did you have this job?
____Unemployed
____<3 months
____3–6 months
____6–12 months
____1–2 years
____2 years +

5. a. In the last 3 months (or since we last saw you) have you missed work for any reasons when you were supposed to be there?
____No (Go to question 6) ____Yes

If Yes:

b. How many days? ____

c. How long ago was the last time? ____

d. How many of these lost days were due to drinking in any form?
____0 days
____1–2
____3–5
____6–9
____10 or more
____Not applicable

6. In the past 3 months (or since we last saw you) have you received a pay raise on the job?
____No ____Yes

7. In the past 3 months (or since we last saw you) have you received any kind of promotion on the job?
____No ____Yes

8. In the past 3 months (or since we last saw you) how many jobs have you held (consecutively or concurrently)?
____None (Go to question 10) ____One ____More than one
(How many? ____)

9. In the past 3 months (or since we last saw you) how many jobs have you left because of drinking?
   ____None ____One or more

10. a. What was the best job you ever had? ________________________
    b. How much did you make?________________________
       ____per year
       ____per month
       ____per week
       ____Hollingshead #

Scoring Key

Total score was derived by summing the weights for the following items:

Item	Item content	Responses	Weight
1A	Current employment	No job	0
		Part-time job	1
		Full-time job	2
3B	Amount earned per week	Unemployed	0
		$0-50	1
		$51-100	2
		$101-150	3
		$151-200	4
		$201-250	5
		$251+	6
04	How long have you had this job?	Unemployed	0
		Employed	1
		Less than 3 months	2
		3-6 months	3
		6-12 months	4
		1-2 years	5
		2 years +	6
05	Days missed due to drinking	Not employed	0
		10+ days	1
		6-9 days	2
		3-5 days	3
		2-3 days	4
		0 days	5
06	Received a pay raise	No	0
		Yes	1
07	Received a promotion	No	0
		Yes	1
09	Number of jobs left because of drinking	1 or more	0
		None	1

ECONOMIC

1. a. How much money do you spend per month for rent and/or payments for where you live?
____$0 (Go to question 1d)
____$1–49
____$50–74
____$75–99
____$100
b. Does that money go toward rent or purchase?
____Rent (Go to question 2) ____Purchase
If purchase:
c. How much do you owe at the present time? ____(Go to question 2)
d. Do you own your own home?
____No ____Yes
2. a. Do you have a savings account that is in your name?
____No (Go to question 3) ____Yes
If yes:
b. How long have you had this one? ____________________
c. How much is in it? ____________________
3. a. Do you have a checking account that is in your name?
____No (Go to question 4) ____Yes
If yes:
b. How long have you had this one? ____________________
c. How many times have you overdrawn it in the past 3 months (or since we last saw you)?
____0 times ____1 or more times
4. a. Do you have a car that is in your name?
____No (Go to question 5) ____Yes
If yes:
b. Are you making payments or do you own it clear?
____Own it clear (Go to question 5)
____Making payments
c. How much do you owe? ____________________
d. How long have you been making payments? ____________________
5. In the past 3 months (or since we last saw you) have you received any other financial assistance from any source (such as public welfare, job taining scholarships, food stamps)?
____No ____Yes
If yes:
From whom? ____________________
6. a. In the past 3 months (or since we last saw you) have you bought anything you would consider expensive?
____No (Go to question 7) ____Yes

7. How many credit cards or charge accounts do you have?
___None ___One or more

8. In the past 3 months (or since we last saw you) have you fallen behind in paying your bills?
___No ___Yes

Scoring Key

Total score was derived by summing the weights for the following items:

Item	Item content	Responses	Weight
1A	Amount per month for housing	Missing	0
		$0	1
		$1–49	2
		$50–74	3
		$75–99	4
		$100 and over	5
		Own home	6
2C	Amount in savings	No savings account	0
		Less than $100	1
		$100–500	2
		$501–1000	3
		More than $1000	4
3A	Checking account	No checking account	0
		Checking overdrawn	1
		Checking not overdrawn	2
4A	Own a car	Do not own a car	0
		Making payments on a car	1
		Own car—no payments	2
05	Any welfare recently?	Yes	0
		No	1
07	Number of credit cards	None	0
		One or more	1
08	Fallen behind paying bills in last 3 months	Yes	0
		No	1

LEGAL

1. a. In the past 3 months (or since we last saw you) have you been picked up by the police at all, regardless of whether you went to jail or were guilty of anything?
____No (Go to question 2)   ____Yes
b. How many times:
____0 times   ____1 time   ____2 or more times
c. On what charges (or for what reason)?____________________

2. a. In the past 3 months (or since we last saw you) have you spent any time in jail?
____No (Go to question 3)   ____Yes
If yes:
b. How many times?
____0 times   ____1 time   ____2 or more times

3. a. In the past 3 months (or since we last saw you) have you had a court appearance?
____No (Go to question 5)   ____Yes
If yes:
b. How many times?
____0 times   ____1 time   ____2 or more times

4. a. Have you been found guilty in any of the court appearances?
____No (Go to question 5)   ____Yes
If yes:
b. How many times?
____0 times   ____1 time   ____2 or more times
c. What were the charges? ____________________

5. a. Are you on probation or parole at this time?
____No (Go to question 6)   ____Yes
b. For how long were you sentenced? ____________________
c. How much time remains to go?____________________
d. What were the charges? ____________________

6. a. In the past 3 months (or since we last saw you) have you been in any alcoholic treatment facility, county hospital, psychiatric hospital, prison, or reform school (excluding jail terms noted above)?
____No (Go to question 7)   ____Yes
b. Which one? ____________________
c. From what date(s) to what date(s)? ____________________
d. Under what charges or conditions? ____________________

7. a. In the past 3 months (or since we last saw you) have you received any traffic tickets (excluding parking tickets)?
____No (Go to question 8)   ____Yes
If yes:

b. How many altogether?
____0 times ____1 time ____2 or more times

c. How many were moving violations? ____________

d. How many violations involved drinking in any way? ____________

8. a. In the past 3 months (or since we last saw you) have any driving-under-the-influence charges been brought against you?
____No (Go to question 9) ____Yes

If yes:

b. How many?
____0 times ____1 time ____2 or more times

9. Do you have a driver's license? ____No ____Yes

10. Have you had a driver's license revoked (or suspended) in the past 3 months (or since we last saw you)?
____No ____Yes

11. a. Are there any charges now pending against you (other than those already noted here)? ____No ____Yes

If yes:

b. What are they? ____________

Scoring Key

Total score was derived by summing the weights for the following items:

Item	Item content	Responses	Weight
1B	How many times arrested	Missing	0
		0 times	1
		1 time	2
		2 or more	3
2B	How many times in jail?	Missing	0
		0 times	1
		1 time	2
		2 or more	3
3B	Number of court appearances	Missing	0
		0 times	1
		1 time	2
		2 or more	3
4B	Number of times guilty	Missing	0
		0 times	1
		1 time	2
		2 or more	3
5A	On probation or parole?	No	0
		Yes	1
6A	Been in any alcoholic treatment center	No	0
		Yes	1
7B	Number of tickets	Missing	0
		0 tickets	1
		1 ticket	2
		2 or more	3
8B	How many DWIs?	Missing	0
		0 times	1
		1 time	2
		2 or more	3
09	Have driver's license?	Yes	0
		No	1
10	License been revoked or suspended?	No	0
		Yes	1

BEHAVIOR RATING SCALE–DRINKING

INSTRUCTIONS

At first, converse with the *S* in a general way about drinking. How have things been going? Have you been drinking at all? Have you been completely abstinent? With these general notions, then go to the specific questions.

1. In the last 3 months (or since we last saw you) have you drunk any alcoholic beverages at all?
   ____No (Implies complete abstinence) (Go to question 2)
   ____Yes (Go to question 4)
2. What is the one main reason you have stayed abstinent?
   ____I am not so worried, depressed, or anxious.
   ____I have more responsibilities to think about.
   ____I have fewer responsibilities to think about.
   ____I don't like the bad effects liquor has on me.
   ____Other (Specify) ____________________
   ____Don't know
3. How much do you miss drinking?
   1 Not at all
   2 Very little
   3 Some moderate amount
   4 A lot
   5 Very much (a great deal)
   (Go to question 13)
4. a. Have you been drinking *more* in the last 3 months (or since we last saw you) than you were in the previous comparable time period?
   ____No (Go to question 5) ____Yes
   If yes:
   b. What is the one main reason you have been drinking more lately?
   ____I am more worried, anxious, or depressed.
   ____I have more responsibilities to think about.
   ____I have fewer responsibilities to think about.
   ____I enjoy drinking more.
   ____Other (Specify) ____________________
   ____Don't know.
   (Go to question 7)
5. a. Was/were there any period(s) of time in the last 3 months (or since we last saw you) when you didn't have any alcohol to drink for more than 1 day at a time? (Dry)
   ____No (Go to question 6) ____Yes
   If yes:

b. About how many times have you done this in the last 3 months (or since we last saw you)? ________________________

c. From what date(s) to what date(s)? ________________________

d. What was the main factor associated with your stopping drinking and becoming dry at that time?

____Became too sick to go on (or passed out).
____Someone else forced me to stop.
____Ran out of money.
____I no longer felt a need to keep drinking.
____I decided to stop.
____Other (explain) ________________________
____Don't know.

6. In the last 3 months (or since we last saw you), how often have you stopped after taking one or two drinks?

1 Never
2 Very few times
3 Sometimes
4 Many times

The next few questions will ask you about your use of various types of drinks, i.e., wine, beer, and hard liquor.

Please tell me how often you usually have had (*beverage*) in the last 3 months (or since we last saw you).

	(7.) Wine	(8.) Beer	(9.) Liquor (hard)
3 or more times/day			
2/day			
1/day			
Nearly every day			
3-4/week			
1-2/week			
2-3/week			
about 1/month			
Less than 1/month; but at least 1/3 months			
Never			

(Any beverage that is never drunk should be deleted from questions 10, 11, and 12.)

A. Think of all the times you have had (*beverage*) in the last 3 months (or since we last saw you). When you have drunk (*beverage*) recently how often have you had 1 or 2 or 3 (*measure[s]*)? (Measures = glasses for wine; cans or glasses for beer; drinks or shots for hard liquor.)

	10. Wine	11. Beer	12. Hard liquor
a. Nearly every time			
b. Often; more than half the time			
c. Sometimes; less than half the time			
d. Once in a while			
e. Never			

B. When you have drunk (*beverage*) recently, how often have you had 4 or 5 or 6 (*measure*[*s*])?

	Wine	Beer	Hard liquor
a. Nearly every time			
b. Often; more than half the time			
c. Sometimes; less than half the time			
d. Once in a while			
e. Never			

C. When you have drunk (*beverage*) recently, how often have you had 7 or more (*measure*[*s*])?

	Wine	Beer	Hard liquor
a. Nearly every time			
b. Often; more than half the time			
c. Sometimes; less than half the time			
d. Once in a while			
e. Never			

13. a. Do you smoke at the present time?
___No (Go to question 14)
___Yes ___Cigarettes ___Cigars ___Pipe

14. a. In the past 3 months (or since we last saw each other) have you used any alcoholic substitutes (such as canned heat, shaving lotion, hair tonic)?
___No (Go to question 15) ___Yes, once
___Yes, several times

If yes:

b. Once you started using such a substitute, how many cans or bottles did you drink per day? ___ Per week? ___

c. Once you started, how long did you go on drinking it? ______

15. In the past 3 months (or since we last saw you) have you used any drugs or medication, such as sleeping pills, pep pills, tranquilizers, reefers, narcotics, hallucinogens, in an abusive manner?
___No ___Yes (Explain) ______________________________

16. Do you want to be able to have 2 or 3 drinks and be able to stop?
___No ___Yes ___Don't know

17. Do you think there will be a time when you can have 2 or 3 drinks and stop?
___No ___Yes ___Don't know

18. Do you want to stop drinking completely?
___No ___Yes ___Don't know

19. Do you think there will be a time when you will stop drinking completely for good?
___No ___Yes ___Don't know

20. a. Are you presently taking any medications? ___No (Go to question 21)
___Yes What is it? ______________________________

b. What are you taking it for?
___Control my drinking
___Relieve symptoms of drinking
___Alleviate nervousness
___Other (Explain) ______________________________
___Don't know

21. I have here some reasons that various other people have said were reasons for their drinking. I'll read these and I would like to have you tell me how important each one was to *you* as a reason why you drank in the last 3 months (or since we last saw you). I'm not interested in the effect alcohol had on you, or how it made you feel, but rather why you might have had the first drink, or why you might have continued to drink.

		1 Very important	2 Fairly important	3 Not at all important
a.	I drank because it helped me to relax	2	1	0
b.	I drank to be sociable	X	X	X
c.	I liked the taste	X	X	X
d.	I drank because the people I knew drank	X	X	X
e.	I drank when I wanted to forget everything	2	1	0
f.	I drank to celebrate special occasions	X	X	X
g.	A drink helped me to forget my worries	2	1	0
h.	A small drink improved my appetite for food	X	X	X
i.	I accepted a drink because it was the polite thing to do in certain situations	X	X	X
j.	A drink helped cheer me up when I was in a bad mood	2	1	0
k.	I drank because I needed it when I was tense and nervous	2	1	0
l.	I drank because it helped me to work better	X	X	X
m	A drink helped me to be more alert mentally	X	X	X
n.	I drank because it helped me to feel superior	X	X	X

22. Are there any other reasons you can think of why you start or continue drinking?

QUANTITY-FREQUENCY-VARIABILITY INDEX

Authors: Don Cahalan, Ira H. Cisin, and Helen M. Crossley

Assessment Areas Covered: Alcohol consumption quantity/frequency, alcohol dependence syndrome, severity of

Administration: Administered by an interviewer; respondents fill in a series of questions provided in a booklet; at screening, intake, and followup

Design Features: Multiple-choice questions, easily administered

Abstract: The Quantity-Frequency-Variability Index was developed for the national survey of American drinking practices conducted by the Social Research Group, George Washington University, in 1967. The index is used to classify individuals into groups according to their alcohol consumption behavior. This widely used index generates five classifications of drinkers: abstainers, infrequent drinkers, light drinkers, moderate drinkers, and heavy drinkers. The authors made the following observation concerning the validity of the Q-F-V Index (Cahalan et al. 1969, pp. 10-11): "The validity of the questions on quantity and frequency of consumption of alcoholic beverages in the national survey was subjected to test in a small-scale study conducted in Richmond, Va. In this study, the interview was administered to 81 persons who were presumed to include a higher-than-average proportion of heavy drinkers, on the grounds that they had been registered at an alcoholism clinic (although they had not undergone treatment). . . . The findings of the pilot study were that most of the alcoholism-clinic registrants freely specified a present or past level of consumption which would clearly qualify them as heavy drinkers by any criteria. . . . this preliminary study showed such a large difference between the criterion and comparison groups, both in levels of past drinking and in "escape" reasons for drinking, that the findings are regarded as providing a sufficient validation of the interview method for the purpose of comparing drinking behavior among subgroups within the general population."

Related Published Reports:

Cahalan, D.; Cisin, I.H.; and Crossley, H.M. American Drinking Practices, a National Study of Drinking Behavior and Attitudes. New Brunswick, N.J.: Rutgers Center of Alcohol Studies, 1969.

Cahalan, D., and Cisin, C. American drinking practices: Summary of findings from a national probability sample: II. Measurement of massed versus spaced drinking. Quarterly Journal of Studies on Alcohol, 29:642-656, 1968.

Cahalan, D.; Cisin, I.H.; and Crossely, H.M. American Drinking Practices: A National Survey of Behavior and Attitudes Related to Alcoholic Beverages. Report No. 3. Washington, D.C.: Social Research Group, The George Washington University, 1967.

Availability Source: Publications Division, Rutgers Center of Alcohol Studies, New Brunswick, New Jersey 08854

QUANTITY-FREQUENCY-VARIABILITY INDEX

(The following description of the Quantity-Frequency-Variability Index is reprinted by permission of the authors, Cahalan et al. [1967], pp. 22-25.)

Building on the earlier types of quantity-frequency analysis this system took into account the following factors:

The type of beverage consumed--whether beer, wine, or spirits.

The amount of a beverage consumed at a sitting. This was measured separately for wine, beer and spirits by asking how often the person had as many as five or six, or three or four, or one or two drinks.

The frequency with which each beverage was usually drunk.

The variability of drinking, as shown by the modal (most usual) amount consumed as well as the highest amount drunk at least occasionally.

The method of measuring frequency, quantity and variability was as follows:

Respondents were first handed a small, four-page, multi-colored booklet as the interviewer made the statement, "The next few questions ask you about your own use of various types of drinks. Will you please take this booklet and on the first page put a check mark next to the answer that tells how often you usually have wine... Now please turn to the green page and do the same for beer... Now please turn to the pink page and do the same for drinks containing whiskey or liquor, including scotch, bourbon, gin, vodka, rum, etc... And now turn to the yellow page and please check how often you have any kind of drink containing alcohol, whether it is wine, beer, whiskey or any other drink."

On the booklet, Wine was further defined as "(or a punch containing wine)"; and "Drinks containing whiskey or Liquor" were further defined as "(such as Martinis, Manhattans, highballs, or straight drinks)."

The frequency scale for each beverage printed in the booklet to be checked by respondents was as follows:

"Three or more times a day

Two times a day

Once a day

Nearly every day

Three or four times a week

Once or twice a week

Two or three times a month

About once a month

Less than once a month but
at least once a year

Less than once a year

I have never had wine (beer, drinks
containing whiskey or liquor, any
kind of beverage containing alcohol)"

The rationale back of having a scale so heavily loaded with responses indicating very frequent drinking was to give the respondent the impression that no matter how frequently he drank, there must be many others who drank even more frequently than he--thus possibly reducing any reluctance to check a category indicating frequent drinking.

For each of the three types of beverages, three questions measuring quantity and variability were then asked in series:

> "Think of all the times you have had _________ recently. When you drink _________, how often do you have as many as five or six...?"
>
> "When you drink _________, how often do you have three or four...?"
>
> "When you drink _________, how often do you have one or two?"

Quantity was expressed in terms of "glasses" for wine, "glasses or cans" for beer, and "drinks" for beverages containing whiskey or liquor. The response categories were: "Nearly every time"; "More than half the time"; "Less than half the time"; "Once in a while"; and "Never."

These questions on quantity consumed and relative frequency were asked for each beverage which the respondent reported drinking about once a month or more often. The replies permitted classification of each respondent by "modal quantity" for each beverage (i.e., the quantity he drank "nearly every time" or "more than half the time") and by the maximum quantity he drank at least "once in a while." Thus a person who said that when he had beer he had one or two glasses or cans more than half the time, but once in a while drank five or more, would be classified as having a modal quantity of one or two and a maximum of five or more.

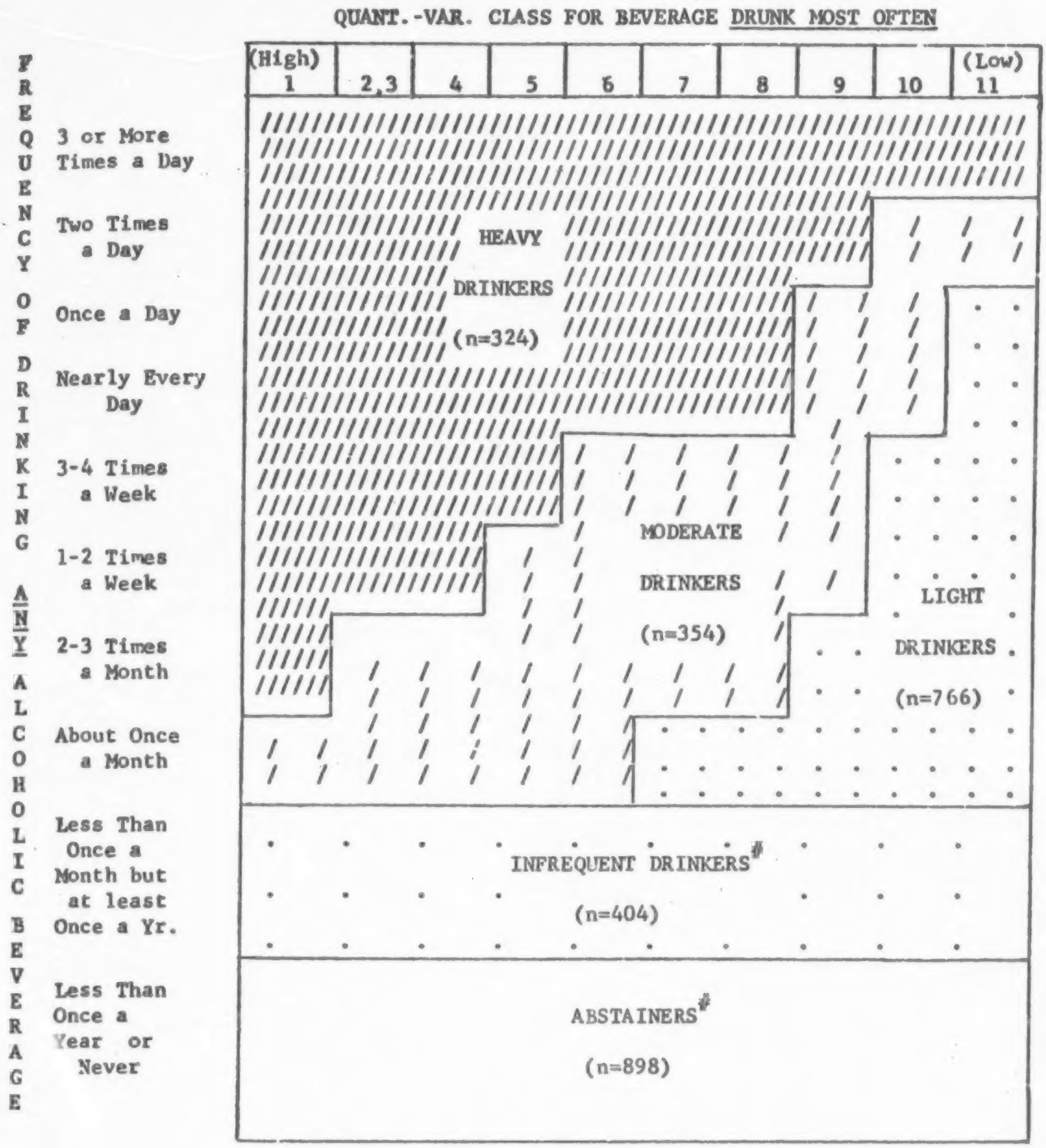
This two-way approach permitted the following quantity-variability classification for each beverage:

Quantity-Variability Class	Modal quantity ("nearly every time" or "more than half the time")	Maximum quantity (Highest quantity drunk)
1	5-6	5-6
2	3-4	5-6 "less than ½ time"
3	3-4	5-6 "once in a while"
4	Not specified	5-6 "less than ½ time"
5	3-4	(3-4)
6	1-2	5-6 "less than ½ time"
7	Not specified	5-6 "once in a while"
8	1-2	5-6 "once in a while"
9	1-2	3-4 "less than ½ time"
10	1-2	3-4 "once in a while"
11	1-2	(1-2)

In order to classify each drinker into one of five overall quantity-frequency-variability (Q-F-V) groups, a cross-tabulation was made of the frequency of overall drinking of any beverage containing alcohol (from "three or more times a day" down to "never had") against the above quantity-variability classification for the particular beverage respondent used most frequently (or, if two beverages were tied in frequency, the beverage which he drank in greatest quantity). These groupings were then combined into the five overall Q-F-V classes used in much of this analysis (Heavy, Moderate, Light, or Infrequent Drinkers and Abstainers). These consist of the following types (they are shown graphically in Figure 1):

Figure 1

Definition of Quantity-Frequency-Variability (Q-F-V) Groups


QUANT.-VAR. CLASS FOR BEVERAGE DRUNK MOST OFTEN
(High) 1
2,3
4
5
6
7
8
9
10
(Low) 11
FREQUENCY OF DRINKING ANY ALCOHOLIC BEVERAGE
3 or More Times a Day
Two Times a Day
Once a Day
Nearly Every Day
3-4 Times a Week
1-2 Times a Week
2-3 Times a Month
About Once a Month
Less Than Once a Month but at least Once a Yr.
Less Than Once a Year or Never
HEAVY DRINKERS (n=324)
MODERATE DRINKERS (n=354)
LIGHT DRINKERS (n=766)
INFREQUENT DRINKERS# (n=404)
ABSTAINERS# (n=898)

Not asked quantity questions.

MUNICH ALCOHOLISM TEST (MALT)

Authors: W. Feuerlein, C. Ringer, H. Kufner, and K. Antons

Assessment Areas Covered: Diagnosis, prognosis, physical health, alcohol dependence syndrome, severity of

Administration: Self-administered with corroborative data submitted by a physician; at screening

Design Features: Easily administered; 7 medical history items completed by a physician and 24 true/not true items completed by the subject

Abstract: The MALT was developed as a diagnostic instrument, the purpose of which is to distinguish alcoholics and near-alcoholics from nonalcoholics in a general population. It consists of two parts. The first part deals with alcoholism-related medical criteria and is completed by a physician based on a medical assessment of the subject. The second part consists of a 24-item, MAST-like scale that is quickly and easily self-administered by the subject. The MALT scale items were tested and developed with a group of clinically diagnosed alcoholics and a matched sample of controls that included patients reporting to clinics that were undergoing a variety of medical, surgical, and psychiatric treatments. The study was based on a total of 1,335 individuals, 661 of whom were alcoholics. Roughly 250 diagnostically relevant items from the research literature and those postulated by the authors were analyzed.

The WHO description of alcoholism was used as the operational definition for the MALT--thus, like the WHO definition it has both medical and sociobehavioral components. The physician's section is completed based on a physical examination, laboratory tests, and the subject's medical history. The 24 items of the self-assessment section contain the following diagnostically relevant subscales: drinking behavior and attitude toward drinking (items 3, 5, 6, 12, 14, 15, 16, 17, 18, 19, and 22), emotional and social impairment due to alcohol (items 4, 7, 10, 11, 13, 20, 21, 23, and 24), and somatic complaints (items 1, 2, and 9). The authors stress the importance of the supplementary nature of the two components to each other.

The medical component items are weighted with a score of 4, and items in the self-report component are weighted 1 point each. Thus, there is a total possible high score of 52 points if a subject scores positively on all of the items. A score of 11 or higher is indicative of the presence of alcoholism. With a score of between 6 and 10 points, the presence of alcoholism should be considered suspected.

Through psychometric analysis the MALT was found to have a validity of r = .85 (Feuerlein et al. 1980). Skinner et al. (1980), however, in their analysis of the MALT using 106 males in the Canadian Armed Forces found the medical component less accurate than the self-report component in diagnosing alcoholism among younger subjects. Skinner et al. raised the point that ". . . diagnostic tests for alcoholism that incorporate medical items may not be useful for younger age groups because they may not have been drinking long enough to develop clinical signs." Skinner et al. nevertheless concluded that, "Increased knowledge about the diagnostic validity of both medical and sociobehavioral items, and an understanding of factors that determine their interrelationships, should allow a more rational approach to the early detection and treatment of alcohol abuse and dependence."

Related Published Reports:

Feuerlein, W.; Ringer, C.; Kufner, H.; and Antons, K. Diagnosis of alcoholism: The Munich alcoholism test (MALT). In: Galanter, M., ed. *Currents in Alcoholism*. Vol. VII. *Recent Advances in Research and Treatment*. New York: Grune & Stratton, 1980.

Skinner, H.A.; Holt, S.H.; Allen, B.A.; and Haakonson, N.H. Correlation between medical and behavioral data in the assessment of alcoholism. *Alcoholism: Clinical and Experimental Research*, 4(4):371-377, 1980.

Feuerlein, W.; Ringer, C.; and Kufner, H. Diagnose des alkoholismus der Munchner alkoholismust est (MALT). *Munchener Medizinische Wochenschrift* (Munich), 119:1275-1282, 1977.

Feuerlein, W.; Kufner, H.; and Ringer, C. *Munich Alcoholism Test Manual*. Translated by the Multilingual Services Division, Secretary of State, Canada, 1979.

Ringer, C.; Kufner, H.; Feuerlein, W.; and Antons, K. Evaluation of the "Criteria for the diagnosis of alcoholism": An empirical study. *Journal of Studies on Alcohol*, 38:1259-1273, 1977.

Availability Source: Julius Beltz GmbH & Co. KG, Beltz Test, Postfach 1120, 6940 Weinheim/Bergstr., Federal Republic of Germany

Copyright: Copyright 1977 by Beltz Testgesellschaft mbH, Weinheim, Federal Republic of Germany. Reproduced with permission by the U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute on Alcohol Abuse and Alcoholism from Beltz Testgesellschaft mbH. Further reproduction is prohibited without permission of the copyright holder. Presentation of the test or any of its items for profit is prohibited.

THE MUNICH ALCOHOLISM TEST (MALT)

Items To Be Assessed by the Physician

1. Diseases of the liver
(at least one symptom found on physical examination in addition to one positive laboratory test)
2. Polyneuropathy
(only if no other cause is known, e.g., diabetes mellitus)
3. Delirium tremens
(on the present examination or previously)
4. Alcohol consumption of more than 150 ml (women 120 ml) of pure alcohol a day at least continued over several months
5. Alcohol consumption of more than 300 ml (women 240 ml) of pure alcohol at least once a month (alcoholic benders)
6. Foetor alcoholicus
(at the time of medical examination)
7. Spouse, family members or good friends have sought help because of alcohol-related problems of the patient
(e.g., from a physician, social worker or other appropriate source)

Items To Be Assessed by the Patient as Being "True" or "Not True"

1. My hands have been trembling a lot recently.
2. In the morning I sometimes have the feeling of nausea.
3. I have sometimes tried to get rid of my trembling and nausea with alcohol.
4. At the moment I feel miserable because of my problems and difficulties.
5. It is not uncommon that I drink alcohol before lunch.
6. After the first glass or two of alcohol I feel a craving for more.
7. I think about alcohol a lot.
8. I have sometimes drunk alcohol even against my doctor's advice.
9. When I drink a lot of alcohol, I tend to eat little.
10. At work I have been critized because of my drinking.
11. I prefer drinking alone.
12. Since I have started drinking I have been in worse shape.
13. I have often had a guilty conscience about drinking.
14. I have tried to limit my drinking to certain occasions or to certain times of the day.
15. I think I ought to drink less.
16. Without alcohol I would have fewer problems.
17. When I am upset I drink alcohol to calm down.
18. I think alcohol is destroying my life.
19. Sometimes I want to stop drinking, and sometimes I don't.
20. Other people can't understand why I drink.
21. I would get along better with my spouse if I didn't drink.
22. I have sometimes tried to get along without any alcohol at all.
23. I'd be content if I didn't drink.
24. People have often told me that they could smell alcohol on my breath.

THE SOCIAL READJUSTMENT RATING SCALE

Authors: Thomas H. Holmes and Richard H. Rahe

Assessment Areas Covered: Major life change, life events, prognosis

Administration: "Each patient is asked to fill out his own questionnaire by indicating the number of times each of the [43] events listed on the schedule has occurred during a specific period. Various time periods have been used, ranging from 10 years to 1 year or less. When patients are unable to fill out their own questionnaires, the schedule has been used as a framework for a structured interview, with satisfactory data usually obtained. In some research, a specific event, such as imprisonment, has been used as a point of departure, and the subject is asked about a given number of years before and after the event that led to his apprehension." (Amundson et al. 1981) The Social Readjustment Rating Scale is administered at screening and followup.

Design Features: Uses 43 life-event items selected because they were observed to have occurred in a large number of patients preceding the onset of illness.

Abstract: A method generated by psychophysics has been used to construct the Social Readjustment Rating Scale, which consists of 43 life-event items that require change in individual adjustment. The SRRS evolved from the "life chart" concepts developed by Adolf Meyer. Information about the time and frequency of occurrence of life-change events was gathered in several populations by a standardized paper-and-pencil test, the Schedule of Recent Experience. Holmes and Rahe (1967) state "only some of the events are negative or 'stressful' in the conventional sense, i.e., are socially undesirable. Many are socially desirable and consonant with the American values of achievement, success, materialism, practicality, efficiency, future orientation, conformism and self-reliance. There was identified, however, one theme common to all these life events. The occurrence of each usually evoked or was associated with some adaptive or coping behavior on the part of the involved individual."

The greater the magnitude of life change (or life crisis), the greater the probability that the life change would be associated with disease onset, and the greater the probability that the population at risk would experience disease. There is also suggested a strong positive correlation between magnitude of life change (life crisis) and seriousness of the chronic illness experienced. The major health changes observed covered a wide range of psychiatric, medical, and surgical diseases.

It is proposed that life-change events, by evoking adaptive efforts by the human organism that are faulty in kind and duration, lower "bodily resistance" and enhance the probability of disease occurrence. Dr. Holmes postulates that, "the more change you have, the more likely you are to get sick. Of those people with 300 or more Life Change Units for the past year, almost 80 percent get sick in the near future; with 150 to 299 Life Change Units, about 50 percent get sick in the near future; and with less than 150 Life Change Units, only about 30 percent get sick in the near future. So, the higher your Life Change Score, the harder you should work to stay well."

Both the Scale and data related to its methodological origin are reproduced here.

Related Published Reports:

Amundson, M.E.; Hart, C.A.; and Holmes, T.H. About the Schedule of of Recent Experience. *Psychiatric Annals*, 11(6):19, 1981.

Holmes, T.H., and Rahe, R.H. The Social Readjustment Rating Scale. *Journal of Psychosomatic Research*, 11:213-218, 1967.

Lief, A., ed. *The Commonsense Psychiatry of Dr. Adolf Meyer*. New York: McGraw-Hill, 1948.

Holmes, T.H., and Masuda, M. Life change and illness susceptibility. *Separation and Depression*. AAAS Publication No. 94, 1973. Pp. 161-186.

Rahe, R.H. Life-change measurement as a predictor of illness. *Proceedings of the Royal Society of Medicine*, 61:1124-1126, 1968.

Rahe, R.H.; Mahan, J.L.; and Arthur, R.J. Prediction of near-future health change from subjects' preceding life changes. *Journal of Psychosomatic Research*, 14:401-406, 1970.

Skinner, H.A., and Lei, H. The multidimensional assessment of stressful life events. *The Journal of Nervous and Mental Disease*, 168(9):535-541, 1980.

Availability Source: Thomas H. Holmes, M.D., Department of Psychiatry and Behavioral Sciences RP-10, University of Washington, Seattle, Washington 98195

Copyright: Copyright 1967 by Pergamon Press, Ltd. Reproduced with permission by the U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute on Alcohol Abuse and Alcoholism from Holmes, T.H., and Rahe, R.H. The Social Readjustment Rating Scale. *Journal of Psychosomatic Research*, 11:213-218, 1967. Further reproduction is prohibited without permission of the copyright holder.

THE SOCIAL READJUSTMENT RATING SCALE

METHOD

A sample of convenience composed of 394 subjects completed the paper and pencil test (Table 1). (See Table 2 for characteristics of the sample.) The items were the 43 life events empirically derived from clinical experience. The following written instructions were given to each subject who completed the Social Readjustment Rating Questionnaire (SRRQ).

(A) Social readjustment includes the amount and duration of change in one's accustomed pattern of life resulting from various life events. As defined, social readjustment measures the intensity and length of time necessary to accommodate to a life event, *regardless of the desirability of this event.*

(B) You are asked to rate a series of life events as to their relative degrees of necessary readjustment. In scoring, *use all of your experience* in arriving at your answer. This means personal experience where it applies as well as what you have learned to be the case for others. Some persons accommodate to change more readily than others; some persons adjust with particular ease or difficulty to only certain events. Therefore, strive to give your opinion of the average degree of readjustment necessary for each event rather than the extreme.

(C) The mechanics of rating are these: Event 1, Marriage, has been given an arbitrary value of 500. As you complete each of the remaining events think to yourself, "Is this event indicative of more or less readjustment than marriage?" "Would the readjustment take longer or shorter to accomplish?" If you decide the readjustment is more intense and protracted, then choose a *proportionately larger* number and place it in the blank directly opposite the event in the column marked "VALUES." If you decide the event represents less and shorter readjustment than marriage then indicate how much less by placing a *proportionately smaller* number in the opposite blank. (If an event requires intense readjustment over a short time span, it may approximate in value an event requiring less intense readjustment over a long period of time.) If the event is equal in social readjustment to marriage, record the number 500 opposite the event.

The order in which the items were presented is shown in Table 1.

Table 1. Social Readjustment Rating Questionnaire

Events	Values
1. Marriage	500
2. Troubles with the boss	—
3. Detention in jail or other institution	—
4. Death of spouse	—
5. Major change in sleeping habits (a lot more or a lot less sleep, or change in part of day when asleep)	—
6. Death of a close family member	—
7. Major change in eating habits (a lot more or a lot less food intake, or very different meal hours or surroundings)	—
8. Foreclosure on a mortgage or loan	—
9. Revision of personal habits (dress, manners, associations, etc.)	—
10. Death of a close friend	—
11. Minor violations of the law (e.g. traffic tickets, jay walking, disturbing the peace, etc)	—
12. Outstanding personal achievement	—
13. Pregnancy	—
14. Major change in the health or behavior of a family member	—
15. Sexual difficulties	—
16. In-law troubles	—
17. Major change in number of family get-togethers (e.g. a lot more or a lot less than usual)	—
18. Major change in financial state (e.g. a lot worse off or a lot better off than usual)	—
19. Gaining a new family member (e.g. through birth, adoption, oldster moving in etc.)	—
20. Change in residence	—
21. Son or daughter leaving home (e.g. marriage, attending college, etc.)	—
22. Marital separation from mate	—
23. Major change in church activities (e.g. a lot more or a lot less than usual)	—
24. Marital reconciliation with mate	—
25. Being fired from work	—
26. Divorce	—
27. Changing to a different line of work	—
28. Major change in the number of arguments with spouse (e.g. either a lot more or a lot less than usual regarding childrearing, personal habits, etc.)	—
29. Major change in responsibilities at work (e.g. promotion, demotion, lateral transfer)	—
30. Wife beginning or ceasing work outside the home	—
31. Major change in working hours or conditions	—
32. Major change in usual type and/or amount of recreation	—
33. Taking on a mortgage greater than $10,000 (e.g. purchasing a home, business, etc.)	—
34. Taking on a mortgage or loan less than $10,000 (e.g. purchasing a car, TV, freezer, etc.)	—
35. Major personal injury or illness	—
36. Major business readjustment (e.g. merger, reorganization, bankruptcy, etc.)	—
37. Major change in social activities (e.g. clubs, dancing, movies, visiting, etc.)	—
38. Major change in living conditions (e.g. building a new home, remodeling, deterioration of home or neighborhood)	—
39. Retirement from work	
40. Vacation	
41. Christmas	—
42. Changing to a new school	—
43. Beginning or ceasing formal schooling	—

TABLE 2. PEARSON'S COEFFICIENT OF CORRELATION BETWEEN DISCRETE GROUPS IN THE SAMPLE

Group	No. in group		Group	No. in group	Coefficient of correlation
Male	179	vs.	Female	215	0·965
Single	171	vs.	Married	223	0·960
Age < 30	206	vs.	Age 30–60	137	0·958
Age < 30	206	vs.	Age > 60	51	0·923
Age 30–60	137	vs.	Age > 60	51	0·965
1st Generation	19	vs.	2nd Generation	69	0·908
1st Generation	19	vs.	3rd Generation	306	0·929
2nd Generation	69	vs.	3rd Generation	306	0·975
< College	182	vs.	4 Years of College	212	0·967
Lower class	71	vs.	Middle class	323	0·928
White	363	vs.	Negro	19	0·820
White	363	vs.	Oriental	12	0·940
Protestant	241	vs.	Catholic	42	0·913
Protestant	241	vs.	Jewish	19	0·971
Protestant	241	vs.	Other religion	45	0·948
Protestant	241	vs.	No religious preference	47	0·926

RESULTS

The Social Readjustment Rating Scale (SRRS) is shown in Table 3. This table contains the magnitude of the life events which is derived when the mean score, divided by 10, of each item for the entire sample is calculated and arranged in rank order. That consensus is high concerning the relative order and magnitude of the means of items is demonstrated by the high coefficients of correlation (Pearson's *r*) between the discrete groups contained in the sample. Table 2 reveals that all the coefficients of correlation are above 0·90 with the exception of that between white and Negro which was 0·82. Kendall's coefficient of concordance (*W*) for the 394 individuals was 0·477, significant at $p = <0{\cdot}0005$.

TABLE 3. SOCIAL READJUSTMENT RATING SCALE

Rank	Life event	Mean value
1	Death of spouse	100
2	Divorce	73
3	Marital separation	65
4	Jail term	63
5	Death of close family member	63
6	Personal injury or illness	53
7	Marriage	50
8	Fired at work	47
9	Marital reconciliation	45
10	Retirement	45
11	Change in health of family member	44
12	Pregnancy	40
13	Sex difficulties	39
14	Gain of new family member	39
15	Business readjustment	39
16	Change in financial state	38
17	Death of close friend	37
18	Change to different line of work	36
19	Change in number of arguments with spouse	35
20	Mortgage over $10,000	31
21	Foreclosure of mortgage or loan	30
22	Change in responsibilities at work	29
23	Son or daughter leaving home	29
24	Trouble with in-laws	29
25	Outstanding personal achievement	28
26	Wife begin or stop work	26
27	Begin or end school	26
28	Change in living conditions	25
29	Revision of personal habits	24
30	Trouble with boss	23
31	Change in work hours or conditions	20
32	Change in residence	20
33	Change in schools	20
34	Change in recreation	19
35	Change in church activities	19
36	Change in social activities	18
37	Mortgage or loan less than $10,000	17
38	Change in sleeping habits	16
39	Change in number of family get-togethers	15
40	Change in eating habits	15
41	Vacation	13
42	Christmas	12
43	Minor violations of the law	11

ALCOHOL DEPENDENCE SCALE (ADS)

Authors: John L. Horn, Harvey A. Skinner, Kenneth W. Wanberg, and F. Mark Foster

Assessment Areas Covered: Alcohol dependence syndrome, severity of, withdrawal symptoms, obsessive-compulsive drinking style, diagnosis, prognosis

Administration: Self-administered (approximately 10 minutes), at screening, intake, and followup

Design Features: The 25 multiple-choice items of the Alcohol Dependence Scale may be administered in either a questionnaire or interview format. Generally, the ADS should take less than 10 minutes to complete. The ADS could be given at intake to treatment, as well as at regular intervals following treatment to provide an index of treatment outcome. This instrument can be easily scored by hand. In summary, the Alcohol Dependence Scale offers considerable potential as both a research and clinical diagnostic tool.

Abstract: The Alcohol Dependence Scale was developed to provide a brief but psychometrically sound measure of the alcohol dependence syndrome. A cardinal element of the alcohol dependence syndrome is the extent to which impaired control over alcohol is manifested. Other aspects include severe alcohol withdrawal symptoms, awareness of a compulsion to drink excessively, increased tolerance to alcohol, and salience of drink-seeking behavior.

The first major evaluation of the Alcohol Dependence Scale was conducted by Skinner and Allen (1982). In brief, this study found ADS to be quite reliable, and it correlated in predictable ways with clinic attendance, physical symptoms, and psychosocial problems. Further reliability and validity studies, as well as extensive normative data, are given in the ADS User's Guide. Reliability estimates for the ADS are above .90. A factor analysis of intercorrelations among the ADS items found a predominant first factor, which indicates that the ADS items form a unidimensional scale. The scale scores in clinical samples conform quite closely to a normal distribution, which supports a dimensional or quantitative interpretation of the severity of alcohol dependence. In various validity studies, it was found that: (1) patients who scored high on the ADS were less likely to keep treatment appointments; (2) higher levels of alcohol dependence were associated with greater quantities of alcohol consumed and various psychosocial problems related to excessive drinking (e.g., poor social stability, low self-esteem, physical symptoms); (3) an increased prevalence of digestive disorders (largely liver disease) was found at progressively higher levels of alcohol dependence as measured by the ADS; (4) individuals at lower levels of alcohol dependence felt that they could cut down to a few drinks a day, whereas individuals at higher levels increasingly endorsed abstinence as the only way to improve.

Related Published Reports: Horn, J.L.; Skinner, H.A.; Wanberg, K.; and Foster, F.M. *Alcohol Dependence Scale (ADS)*. Toronto: Addiction Research Foundation of Ontario, 1984.

Skinner, H.A., and Horn, J.L. *Alcohol Dependence Scale (ADS) User's Guide*. Toronto: Addiction Research Foundation of Ontario, 1984.

Skinner, H.A., and Allen, B.A. Alcohol dependence syndrome: Measurement and validation. *Journal of Abnormal Psychology*, 91:199-209, 1982.

Skinner, H.A. Primary syndromes of alcohol abuse: Their measurement and correlates. British Journal of Addiction, 76:63-76, 1981.

Skinner, H.A. Comparison of clients assigned to inpatient and outpatient treatment for alcoholism and drug addiction. British Journal of Psychiatry, 138:312-320, 1981.

Skinner, H.A. Assessing alcohol use by patients in treatment. In: Smart, R.G.; Cappell, H.; and Glaser, F., eds. Research Advances in Alcohol and Drug Problems. Vol. 8. New York: Plenum Press, 1984.

Sanchez-Craig, M.; Annis, H.M.; Bornet, A.R.; and MacDonald, K.R. Random assignment to abstinence and controlled drinking: Evaluation of a cognitive-behavioral program for problem drinkers. Journal of Consulting and Clinical Psychology, 52:390-403, 1984.

Availability Source: Marketing Services, Department 417, Addiction Research Foundation, 33 Russell Street, Toronto, Canada M5S 2S1. Telephone (416) 595-6057.

Copyright: Copyright 1984 by J.L. Horn, H.A. Skinner, K. Wanberg, F.M. Foster, and the Addiction Research Foundation. Reproduced with permission by the U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute on Alcohol Abuse and Alcoholism. Further reproduction is prohibited without permission of the copyright holder.

NAME: ______________________________ DATE: ____________________

ALCOHOL USE QUESTIONNAIRE (ADS)*

The questions in this booklet are about your use of alcohol during the *past 12 months*.

INSTRUCTIONS

1. **Carefully read each question and the possible answers provided. Answer each question by circling the ONE choice that is most true for you.**
2. **The word "drinking" in a question refers to "drinking of alcoholic beverages."**
3. **Take as much time as you need. Work carefully, and try to finish as soon as possible. Please answer ALL questions.**

If you have difficulty with a question or have any problems, please ask the questionnaire administrator.

Copyright 1984, J.L. Horn, H.A. Skinner, K. Wanberg, and F.M. Foster and the Alcoholism and Drug Addiction Research Foundation, Toronto. All rights reserved. Printed in Canada. For information on the ADS, contact Marketing Services, Department 898, Addiction Research Foundation, 33 Russell St., Toronto, Ontario, Canada, M5S 2S1.

***Following are the first 10 questions from the ADS.**

PAGE ONE

These questions refer to the past 12 months

1. How much did you drink the last time you drank?
   a. Enough to get high or less
   b. Enough to get drunk
   c. Enough to pass out

2. Do you often have hangovers on Sunday or Monday mornings?
   a. No
   b. Yes

3. Have you had the "shakes" when sobering up (hands tremble, shake inside)?
   a. No
   b. Sometimes
   c. Almost every time I drink

4. Do you get physically sick (e.g. vomit, stomach cramps) as a result of drinking?
   a. No
   b. Sometimes
   c. Almost every time I drink

5. Have you had the "DTs" (delirium tremens) — that is, seen, felt or heard things not really there; felt very anxious, restless, and over-excited?
   a. No
   b. Once
   c. Several times

PAGE TWO

6. When you drink, do you stumble about, stagger, and weave?

   a. No
   b. Sometimes
   c. Often

7. As a result of drinking, have you felt overly hot and sweaty (feverish)?

   a. No
   b. Once
   c. Several times

8. As a result of drinking, have you seen things that were not really there?

   a. No
   b. Once
   c. Several times

9. Do you panic because you fear you may not have a drink when you need it?

   a. No
   b. Yes

10. Have you had blackouts ("loss of memory" without passing out) as a result of drinking?

    a. No, never
    b. Sometimes
    c. Often
    d. Almost every time I drink

THE ALCOHOL USE INVENTORY (AUI)

Authors:	John L. Horn, Kenneth W. Wanberg, and F. Mark Foster
Assessment Areas Covered:	Alcohol consumption quantity/frequency, diagnosis
Administration:	Self-administered for adults who can read at the 9th grade level; otherwise, interviewer-administered (approximately 40 minutes); at screening and followup.
Design Features:	Based on several factor-analytic studies of people with alcohol-use problems. The design aim has been to sample the kinds of problems that people report when they seek treatment for conditions associated with the use of alcohol.
Abstract:	Results from 15 years of study of substantial samples of people reporting problems and viewpoints associated with the use of alcohol provide a basis for specifying the primary factors of the AUI and the higher order dimensions among the primary factors. These results indicate that there are distinct patterns of etiology, distinct responses to treatment, and distinct developmental courses associated with the separate factors of alcohol use and abuse. Although much more research must be done before we can be confident about the necessary and sufficient conditions for accurately specifying less-than-salubrious involvement with the use of alcohol, the scales of the AUI can help investigators to appreciate at least some of the complexity of understanding (i.e., diagnosing) different problems associated with this use. Such awareness is needed in efforts to design improved therapy and social programs for dealing with alcohol abuse.
Related Published Reports:	Horn, J.L. Comments on the many faces of alcoholism. In: Marlatt, G.; Nathan, P.; and Løberg, T., eds. Alcoholism: New Directions in Behavioral Research and Treatment. Boston: Plenum Press, 1978. Pp. 1-40. Horn, J.L.; Wanberg, K.W.; and Adams, G. Diagnosis of alcoholism. Factors of drinking, background and current conditions in alcoholics. Quarterly Journal of Studies on Alcohol, 35:147-175, 1974. Horn, J.L., and Wanberg, K.W. Symptom patterns related to excessive use of alcohol. Quarterly Journal of Studies on Alcohol, 30:35-58, 1969. Wanberg, K.W., and Horn, J.L. Assessment of alcohol use with multidimensional concepts and measures. American Psychologist, 38:1055-1069, 1983. Wanberg, K.W.; Horn, J.L.; and Foster, F.M. A differential assessment model for alcoholism: The scales of the alcohol use inventory. Journal of Studies on Alcohol, 38(3):512-543, 1977.[1]
Copyright:	Copyright 1977 by John L. Horn, Kenneth W. Wanberg, and F. Mark Foster. Reproduced with permission by the U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute on Alcohol Abuse and Alcoholism. Further reproduction is prohibited without permission of the copyright holder.

---

[1] See volume 1 in this series, Summaries of Alcoholism Treatment Assessment Research, for a further discussion on this article.

THE ALCOHOL USE INVENTORY—AUI

This booklet contains a number of questions regarding the use of alcohol. Please answer all of the questions as carefully as you can. Your identity and the answers you give will remain in the confidence of the person or agency administering this inventory.

INSTRUCTIONS

1. An answer sheet is provided on which to record your answers. Please do not mark on the questionnaire booklet. Fill in the information at the top of the answer sheet before going to the questions.
2. Read each question and the several possible answers before making your choice of an answer. Choose the ONE answer that best applies to you. When you mark your answer be sure that the question number on the answer sheet is the same as the question number in the questionnaire booklet.
3. The word "drinking" in a question means "drinking of alcoholic beverages."
4. Take as much time as you need. Work steadily and try to finish as soon as possible.

Here is an example which illustrates the nature of the questions and how they can be answered.

Suppose question number 21 in the booklet reads:

21. My favorite alcoholic beverage is

a. Wine b. Beer c. Hard Liquor

You are to select the one answer that best represents your preference. Sometimes this may be difficult because more than one answer may apply or because no answer is just right. In the above question, for example, one might prefer ale. In this case one would select beer as closest to the best answer. In each case of this kind, give the best answer you can and then go on to the next question.

In the example above, if your choice were beer, then you would find the number 21 on the answer sheet and mark the box next to the letter "b".

21. a b c
☐ ☒ ☐

If you have questions, ask the questionnaire administrator. Otherwise turn the page and begin.

AUTHORS: J. L. Horn, K. Wanberg and F. M. Foster

Distributed by: Psychology Department
University of Denver
Denver, CO 80208

1. Does drinking help you feel more important?

   a. No b. Yes

2. Does drinking help you overcome feelings of inferiority?

   a. No b. Yes

3. Do most of your friends drink?

   a. No b. Yes

4. Does your social life require you to drink?

   a. No b. Yes

5. When you drink, do you drink several days and then sober up for a period of time before drinking again?

   a. No b. Yes

6. Do you drink to help you go to sleep at night?

   a. No b. Yes

7. Does your drinking cause hardships for your family and/or friends?

   a. No b. Yes

8. Do you avoid talking to others about your drinking?

   a. No b. Yes

9. Do you get belligerent or mean when you drink?

   a. No
   b. Yes, sometimes
   c. Yes, usually

10. Have you had blackouts ("loss of memory" without passing out) as a result of drinking?

    a. No, never
    b. Sometimes
    c. Often
    d. Almost every time I drink

11. How much did you drink the last time you drank?

    a. Enough to get high or less
    b. Enough to get drunk
    c. Enough to pass out

12. Have you passed out as a result of drinking?

    a. No
    b. About once a year
    c. Twice a year or more

13. After a night of heavy drinking do you have physical discomfort?

    a. No b. Yes

14. How long were you unemployed during the last year?

    a. Had a job throughout the year
    b. Had a job for about 1 month
    c. Without a job for about 1–3 months
    d. Without a job more than 3 months

15. Have you ever attended a treatment program for alcohol problems?

    a. No
    b. Yes, once
    c. Yes, several times

16. Do you drink to get over being irritated or resentful?

    a. No b. Yes

17. Do you drink in the morning to relieve a hangover?

    a. No
    b. Yes, sometimes
    c. Yes, almost every time I drink

18. When drinking do you usually drink more than one kind of alcohol (for example--beer and hard liquor)?

    a. No b. Yes

19. After an evening of heavy drinking, do you usually have something to eat before going to bed?

    a. No b. Yes

20. Do you sometimes neglect your work because of drinking ?

    a. No
    b. Somewhat
    c. To a great extent

21. Do you have frightening dreams when sobering up as a result of drinking?

    a. No
    b. Sometimes
    c. Almost every time I drink

22. Does drinking help you to overcome shyness?

a. No b. Yes

23. Does drinking help you get along with other people?

a. No b. Yes

24. Do you do most of your drinking at bars?

a. No b. Yes

25. Do you go to parties where there is drinking?

a. No
b. Yes, about once a month
c. Yes, several times a month or more.

26. When you drink, do you drink every day at about the same time?

a. No b. Yes.

27. Have you been drinking almost every day?

a. No
b. For about the last 6 months or less
c. For more than the last 6 months

28. Are you worried that your drinking is occuring at times other than the times you are accustomed to drinking?

a. No b. Yes

29. Do you drink to change your mood (drink when bored, angry, flat)?

a. No b. Yes

30 Do you swing from periods of great happiness to periods of great despair?

a. No b. Yes

31. Have you used antabuse to help you to stop drinking?

a. No b. Yes

32. Have you turned to religion to help you with your drinking problem?

a. No b. Yes

33. When you drink, do you stumble about, stagger and weave?

a. No
b. Sometimes
c. Often

34. Do you gulp drinks (drink quickly)?

a. No b. Yes

35. Have you been living in a marriage or a marriage type relationship within the last six months?

a. No b. Yes

36. As a result of being drunk, has your thinkin
been fuzzy or unclear?

a. No
b. Yes, but only for a few hours
c. Yes, for one or two days
d. Yes, for many days

37. Have you had a convulsion (fit) following a period of drinking?

a. No
b. Once
c. Several times

38. Do you get the inner shakes when you stop drinking?

a. No
b. Sometimes
c. Often

39. After taking one or two drinks, can you usually stop?

a. Yes
b. Sometimes
c. No

40. When drinking over a period of several days, do you:

a. Eat regular meals
b. Eat occasionally
c. Eat nothing at all

41. As a result of drinking do you have swelling or puffiness in your hands or feet?

a. No
b. Yes, mild swelling
c. Yes, severe swelling

42. Recently the amount you drink has:

a. Increased
b. Stayed about the same
c. Decreased

43. Does drinking help you to relax socially?

a. No b. Yes

44. Does drinking help you to be more alert mentally?

a. No b. Yes

45. When you drink, do you usually drink alone?

a. No b. Yes

46. Do you panic because you fear you may not have a drink when you need it?

a. No b. Yes

47. Do you sneak drinks or hide bottles?

a. No b. Yes

48. Do you go "on the wagon" (not drink at all) after a period of drinking?

a. No, I drink a little most of the time
b. Yes, I don't touch a drop between drinking periods.

49. Are you afraid your drinking is getting worse?

a. No b. Yes

50. When drinking, are you often very sad (for example, cry a lot)?

a. No b. Yes

51. Do you drink to relieve tensions?

a. No, never
b. Occasionally
c. Often

52. Do you take tranquilizer pills to settle you down or to calm yourself?

a. No b. Yes

53. Do you take medicine to help you sleep at night (such as sleeping pills or sedatives)?

a. No b. Yes

54. Do you lose control over what you do when you are drinking?

a. No b. Yes

55. Have you ever been jailed for public drunkenness?

a. No
b. One or two times
c. Three or more times

56. Are you presently living alone as a result of drinking?

a. No b. Yes

57. As a result of drinking, have you seen things that were not there?

a. No
b. Yes, once
c. Yes, several times

58. Have you had "shakes" when sobering up (hands tremble, shake inside, etc.) as a result of drinking?

a. No
b. Yes, sometimes
c. Yes, almost every time I drink.

59. Have you recently used pep pills such as "bennies" or "speed" (amphetamines, etc.)?

a. No
b. Several times
c. Often

60. Have you ever broken out in small sores as a result of drinking?

a. No b. Yes

61. Have you ever had a "dry drunk" (act or feel like you are drunk when you have had nothing to drink)?

a. No b. Yes

62. Are you able to recall events in the past better when drinking?

a. No b. Yes

63. Do you feel drinking has been a central part of your life?

a. No
b. Somewhat
c. Definitely

64. Does drinking help you to make friends?

a. No b. Yes

65. Do you have better ideas when drinking?

a. No b. Yes

66. Do you usually drink with the same people?

a. No b. Yes

67. Do you usually have a bottle by your bedside?

a. No b. Yes

68. Do you drink throughout the day?

a, No b. Yes

69. Do you:

a. Drink mainly only on weekends, holidays or days off?
b. Drink throughout the week and weekends?

70. Is the result of your drinking causing you to have noticeable fear?

a. No b. Yes

71. Do you drink to let down?

a. No b. Yes

72. Do you drink to forget?

a. No b. Yes

73. Do you show marked resentments when you drink?

a. No b. Yes

74. Have you ever had medical help to sober up?

a. No
b. Once
c. Several times

75. With respect to blackouts (loss of memory):

a. Have never had a blackout
b. Have had blackouts that last less than an hour
c. Have had blackouts that last for several hours
d. Have had blackouts that last for a day or more

76. Have you ever received a ticket for driving under the influence of alcohol or driving while intoxicated?

a. No b. Yes

77. Have you missed work because of drinking during the past year?

a. No
b. Yes, but not more than 2 or 3 times
c. Yes, about 4 to 10 times
d. Yes, more than 10 times

78. As a result of drinking have you heard "things" that were not there?

a. No
b. Yes, once
c. Yes, several times

79. Do you often have hangovers on Sunday or Monday mornings?

a. No b. Yes

80. Have you used barbiturates (Yellow jackets, red devils, etc.)?

a. No
b. Once or twice
c. Often

81. When drinking, how much hard liquor (whiskey, vodka, gin) do you drink per day?

a. None
b. Up to 3 drinks
c. Up to ½ pint
d. Up to 1 pint
e. More than 1 pint

82. When you drink at a bar or party in the evening, how many drinks do you usually have before calling it a night?

a. One or two
b. Three to five
c. Five or more

83. With a few drinks, is your ability to drive an automobile:

a. Better
b. The same
c. Worse

84. Have you ever received individual counseling or therapy for a drinking problem?

a. Never
b. Once or twice
c. More than two times

85. When drinking, do you feel better able to express your ideas and opinions?

a. No b. Yes

86. Do your ideas come more freely when you are drinking?

a. No b. Yes

87. Do you do most of your drinking with friends and acquaintances?

a. No b. Yes

88. Do you drink in order to have fun?

a. No b. Yes

89. Do you almost constantly think about drinking and alcohol?

a. No b. Yes

90.. Usually how much time is there between your periods of drinking--time when you don't drink at all?

a. None, I drink steadily
b. Less than a week
c. Up to a month
d. More than a month

91. Are you usually depressed after a period of heavy drinking?

a. No b. Yes

92. Do you have vague fears and anxieties after a period of drinking?

a. No b. Yes

93. Dd you frequently begin drinking because things pile up?

a. No b. Yes

94. When you are drinking, are your moods about the same as when you do not drink?

a. No b. Yes

95. In the last few months have you been attending A.A. (Alcoholics Anonymous)?

a. No b. Yes

96. Do you tend to be physically harmful to other people when drinking?

a. No b. Yes

97. Have you ever taken the "geographic cure"--that is, move from town to town, place to place, to stop drinking and make a new start?

a. No b. Yes

98. Have you had weird and frightening sensations when drinking?

a. No
b. Yes, perhaps once or twice
c. Yes, often

99. As a result of drinking have you "felt things" crawling on you that were not there (bugs, spiders, etc.)?

a. No
b. Once
c. Several times

100. Do you get physically sick (vomit, stomach cramps, etc.) as a result of drinking?

a. No
b. Sometimes
c. Almost every time I drink

101. Have you used marijuana?

a. No
b. Once or twice
c. Often

102. When you are drinking, how much beer do you drink per day?

a. None
b. Up to three cans
c. Up to six cans
d. Up to ten cans
c. More than ten cans

103. Have you drunk hair tonic, shaving lotion, canned heat or anything like this?

a. No b. Yes

104. As a result of your drinking are you easily irritated?

a. No b. Yes

105. Have you lost personal possessions because of drinking?

a. No
b. Some
c. Many

106. Do you go out to drink in order to meet people?

a. No b. Yes

107. Does drinking help you feel that you can reach higher goals?

a. No b. Yes

108. Do you do most of your drinking at home?

a. No b. Yes

109. Do you encoorage other people (such as your wife,husband, friends) to drink with you?

a. No b. Yes

110. Do you carry a bottle with you or keep one close at hand?

a. No
b. Some of the time
c. Most of the time

111. How long do your drinking periods usually continue?

a. Less than a week
b. From one week to one month
c. More than a month

112. Do you make excuses or lie to coverup your drinking?

a. No b. Yes

113. Do you have guilt or remorse after a drunk?

a. No b. Yes

114. Do you start drinking to get over being depressed?

a. No b. Yes

115. Do you resent others talking about your drinking?

a. No b. Yes

116. How many times have you received help for your drinking problem?

a. None
b. Once
c. Several times

117. Have you ever attempted suicide when drinking?

a. Never
b. Once
c. Several times

118. Have you lost a job because of drinking?

a. No b. Yes

119. As a result of drinking, have you ever had delirium tremens or DT's (seen, felt or heard things not really there)?

a. No
b. Yes, once
c. Several times

120. As a result of drinking have you felt your heart beating rapidly?

a. No
b. Yes,once
c. Yes, several times

121. As a result of drinking have you felt overly hot and sweaty (feverish)?

a. No
b. Yes, once
c. Yes, several times

122. Have you used hard narcotics (such as heroin, morphine, or other opiates)?

a. Never
b. Once or twice
c. Several times

123. When drinking, how much wine do you drink per day?

a. None
b. Up to two or three glasses
c. Up to 1 quart
d. Up to 2 quarts
e. More than two quarts

124. When drinking heavy how much do you typically sleep during a 24 hour period?

a. 7-8 hours or more
b. 5-6 hours
c. 3-4 hours
d. Less than 2 hours

125. Do you turn to a less socially accepted life when drinking?

a. No b. Yes

126. Has your life style deteriorated because of drinking?

a. No
b. Somewhat
c. To a great extent

127. When you are drinking, are you better able to relate your feelings and thoughts to the opposite sex?

a. No b. Yes

128. Does drinking help you work better?

a. No b. Yes

129. Do you usually drink with a person of the opposite sex?

a. No b. Yes

130. Are you usually happier when you are drinking?

a. No b. Yes

131. Do you drink during your work day?

a. No b. Yes

132. Do you usually keep yourself somewhat intoxicated throughout each day?

a. No b. Yes

133. Does alcohol enable you to better perform certain tasks?

a. No b. Yes

134. Do you tend to shut out the world when drinking?

a. No b. Yes

If you have been living in a marriage or marriage-type situation within the past six months please complete the following 13 questions. If not, you are through with this questionnaire.

135. Has your drinking been a factor in marital difficulties?

a. No b. Yes

136. Did you have difficulties in yourmarriage before you started to drink?

a. No b. Yes

137. Does your spouse get angry over your drinking?

a. No b. Yes

138. Have changes in your wife or husband contributed to your drinking heavily?

a. No b. Yes

139. Do you get irritated when your spouse comments on your drinking?

a. No b. Yes

140. Do you feel your spouse has been unfaithful?

a. No
b. Yes, once
c. Yes, several times

141. Do you argue with or belittle your spouse when you are drinking?

a. No b. Yes

142. Is your spouse too friendly with persons of the opposite sex?

a. No b. Yes

143. Do you sometimes physically abuse your wife or husband when drinking ?

a. No b. Yes

144. Is your spouse excessively jealous?

a. No b. Yes

145 Does your spouse nag you about your drinking?

a. No b. Yes

146. Does your spouse regard you as overly jealous?

a. No b. Yes

147. Do you feel that your marital problems have caused you to drink?

a. No b. Yes.

ALCOHOL USE INVENTORY ANSWER SHEET

NAME ______________________ CODE NUMBER ______________

SEX ________ AGE ________ DATE ________ CODE NUMBER ______________ ______

1 ☐a ☐b	22 ☐a ☐b	43 ☐a ☐b	64 ☐a ☐b	85 ☐a ☐b	106 ☐a ☐b	127 ☐a ☐b	1 ____
2 ☐a ☐b	23 ☐a ☐b	44 ☐a ☐b	65 ☐a ☐b	86 ☐a ☐b	107 ☐a ☐b	128 ☐a ☐b	2 ____
3 ☐a ☐b	24 ☐a ☐b	45 ☐a ☐b	66 ☐a ☐b	87 ☐a ☐b	108 ☐a ☐b	129 ☐a ☐b	3 ____
4 ☐a ☐b	25 ☐a ☐b ☐c	46 ☐a ☐b	67 ☐a ☐b	88 ☐a ☐b	109 ☐a ☐b	130 ☐a ☐b	A ____
5 ☐a ☐b	26 ☐a ☐b	47 ☐a ☐b	68 ☐a ☐b	89 ☐a ☐b	110 ☐a ☐b ☐c	131 ☐a ☐b	4 ____
6 ☐a ☐b	27 ☐a ☐b ☐c	48 ☐a ☐b	69 ☐a ☐b	90 ☐a ☐b ☐c ☐d	111 ☐a ☐b ☐c	132 ☐a ☐b	5 ____
7 ☐a ☐b	28 ☐a ☐b	49 ☐a ☐b	70 ☐a ☐b	91 ☐a ☐b	112 ☐a ☐b	133 ☐a ☐b	B ____
8 ☐a ☐b	29 ☐a ☐b	50 ☐a ☐b	71 ☐a ☐b	92 ☐a ☐b	113 ☐a ☐b	134 ☐a ☐b	6 ____
9 ☐a ☐b ☐c	30 ☐a ☐b	51 ☐a ☐b ☐c	72 ☐a ☐b	93 ☐a ☐b	114 ☐a ☐b	135 ☐a ☐b	7 ____
10 ☐a ☐b ☐c ☐d	31 ☐a ☐b	52 ☐a ☐b	73 ☐a ☐b	94 ☐a ☐b	115 ☐a ☐b	136 ☐a ☐b	C ____
11 ☐a ☐b ☐c	32 ☐a ☐b	53 ☐a ☐b	74 ☐a ☐b ☐c	95 ☐a ☐b	116 ☐a ☐b ☐c	137 ☐a ☐b	8 ____
12 ☐a ☐b ☐c	33 ☐a ☐b ☐c	54 ☐a ☐b	75 ☐a ☐b ☐c ☐d	96 ☐a ☐b	117 ☐a ☐b ☐c	138 ☐a ☐b	9 ____
13 ☐a ☐b	34 ☐a ☐b	55 ☐a ☐b ☐c	76 ☐a ☐b	97 ☐a ☐b	118 ☐a ☐b	139 ☐a ☐b	10 ____
14 ☐a ☐b ☐c ☐d	35 ☐a ☐b	56 ☐a ☐b	77 ☐a ☐b ☐c ☐d	98 ☐a ☐b ☐c	119 ☐a ☐b ☐c	140 ☐a ☐b ☐c	11 ____
15 ☐a ☐b ☐c	36 ☐a ☐b ☐c ☐d	57 ☐a ☐b ☐c	78 ☐a ☐b ☐c	99 ☐a ☐b ☐c	120 ☐a ☐b ☐c	141 ☐a ☐b	12 ____
16 ☐a ☐b	37 ☐a ☐b ☐c	58 ☐a ☐b ☐c	79 ☐a ☐b	100 ☐a ☐b ☐c	121 ☐a ☐b ☐c	142 ☐a ☐b	13 ____
17 ☐a ☐b ☐c	38 ☐a ☐b ☐c	59 ☐a ☐b ☐c	80 ☐a ☐b ☐c	101 ☐a ☐b ☐c	122 ☐a ☐b ☐c	143 ☐a ☐b	D_1 ____
18 ☐a ☐b	39 ☐a ☐b ☐c	60 ☐a ☐b	81 ☐a ☐b ☐c ☐d ☐e	102 ☐a ☐b ☐c ☐d ☐e	123 ☐a ☐b ☐c ☐d ☐e	144 ☐a ☐b	14 ____
19 ☐a ☐b	40 ☐a ☐b ☐c	61 ☐a ☐b	82 ☐a ☐b ☐c	103 ☐a ☐b	124 ☐a ☐b ☐c ☐d	145 ☐a ☐b	D_2
20 ☐a ☐b ☐c	41 ☐a ☐b ☐c	62 ☐a ☐b	83 ☐a ☐b ☐c	104 ☐a ☐b	125 ☐a ☐b	146 ☐a ☐b M_1	G
21 ☐a ☐b ☐c	42 ☐a ☐b ☐c	63 ☐a ☐b ☐c	84 ☐a ☐b ☐c	105 ☐a ☐b ☐c	126 ☐a ☐b ☐c	147 ☐a ☐b M_2	

"Copr.," John L. Horn, 1974 P. O. Box 26528, Denver, Colorado 80226 Alcohol Use Inventory Answer Sheet

THE ALCOHOL USE INVENTORY CLINICAL PROFILE

GENERAL

A Clinical profile for the Alcohol Use Inventory (AUI) is a graphic summary of a respondent's scores. This profile enables one to compare a respondent's scores with the average scores -- i.e., the norms -- for a reference group. The reference group represents a sample of 800 persons admitted to the inpatient Alcoholism Division of the State Hospital facility serving the Denver Metropolitan Area (The Fort Logan Mental Health Center) from July 1, 1975 through June 30, 1976. This sample did not differ significantly from a sample of some 4500 patients admitted to that facility from 1970 - 1975, with respect to age, ethnicity and income. Studies also indicated that with respect to the raw scores on the 22 AUI scales, the reference group did not differ from a sample of inpatient admissions to the Denver Veteran's Administration Hospital. While the reference group is not known to be representative of all persons who have problems with the use of alcohol, it does provide a reasonable standard against which to compare scores on the AUI.

SCORING

To obtain a score on each AUI scale that can be interpreted by comparing it with the average score for the reference group, one first determines a raw score and then converts thisto a decile score. The raw scores of the 22 AUI scales are determined by placing scoring templates over the AUI answer sheet and then adding the item scores indicated for each scale. The raw scores are then entered in the squares next to the scale titles on the Profile sheet. The raw scores on a particular scale are distributed systematically in a column immediately above the scale title and square. To obtain a norm score for each scale, place a mark over the raw score in the column identical to the obtained raw score. Often, a specific raw score may not be found because of the concentration of raw scores in a particular decile, and thus, a mark is placed in the best estimated location to represent the obtained raw score. Then, read perpendicularly across the profile sheet from the marked location to the corresponding decile score in either the left-most or right-most column of the sheet. Decile scores range from 1 to 10. Each decile score represents the percentage (rounded down from 2 percent above) of respondents in the reference group who had a raw scor as large as the corresponding raw score or smaller. For example, a raw score of 11 on the "Loss of Control" scale corresponds to a decile score of 8, which means that approximately 80 percent (and no more than 82 percent) of the respondents in the reference group had a raw score of 11 or a score smaller than 11.

SCALE INTERPRETATION

Several important guidelines should be followed when reading an individual's profile with respect to the individual scales:

1. For a few of the primary scales of the AUI, the lowest possible raw score corresponds to a decile score that is larger than 1. The decile score corresponding to this lowest possible score represents the "Starting percentage in the reference group." For example, a raw score of zero on the Non-alcohol Drug Use scale corresponds to a decile score of 5, which means that approximately 50 percent (no more than 52 percent) of the respondents in the reference group report that they use no non-alcoholic drugs (as measured by that scale). At first glance, the fact that a person with a zero raw score has a decile score of 5 might lead the interpreter of this scale to conclude the person has a significant score on the Non-Alcohol Drug Use scale, whereas the person actually indicate no use of such drugs as measured by this scale. On this particular scale, even a raw score of 3 provides a decile score of 8, which would probably at best indicate an occasional use of non-alcoholic drugs identified in this scale. What this means is that any interpretation of the standard decile score must be done with the individual's raw scor in mind.

2. Scales 3 and 5 are bipolar. High scores on Scale 3 indicates gregarious drinking and low scores indicate solo drinking. High scores on Scale 5 indicate sustained, continuous drinking; low scores suggest periodic use.

3. The validity of the scores depends crucially on the respondent's willingness and ability to give accurate answers to the self-report items of the AUI. There is no good lie detector for any questionnaire (much as it may

be claimed that there is) and the AUI is no exception to this rule. People seeking help for their problems with the use of alcohol usually are motivated to not hide their problems. Some are not as motivated to report accurately the circumstances surrounding their use of alcohol whereas others are not able to make accurate appraisals of their real conditions even when they are not motivated to distort. Still others even exaggerate their problems relative to what is their real condition. Those who use the AUI in assessing alcohol related conditions and patterns should remain alert to such possibilities of motivational distortion.

4. Although the scales usually provide more reliable and valid measures than are obtained by other means, the scales, particularly the primary scales, are short, relatively focused and not as reliable as one might (ideally) like them to be. One should not read more accuracy into the scales than is indicated by their internal consistency reliabilities and as to what is indicated by their meaning with respect to the content of the items.

REFERENCE

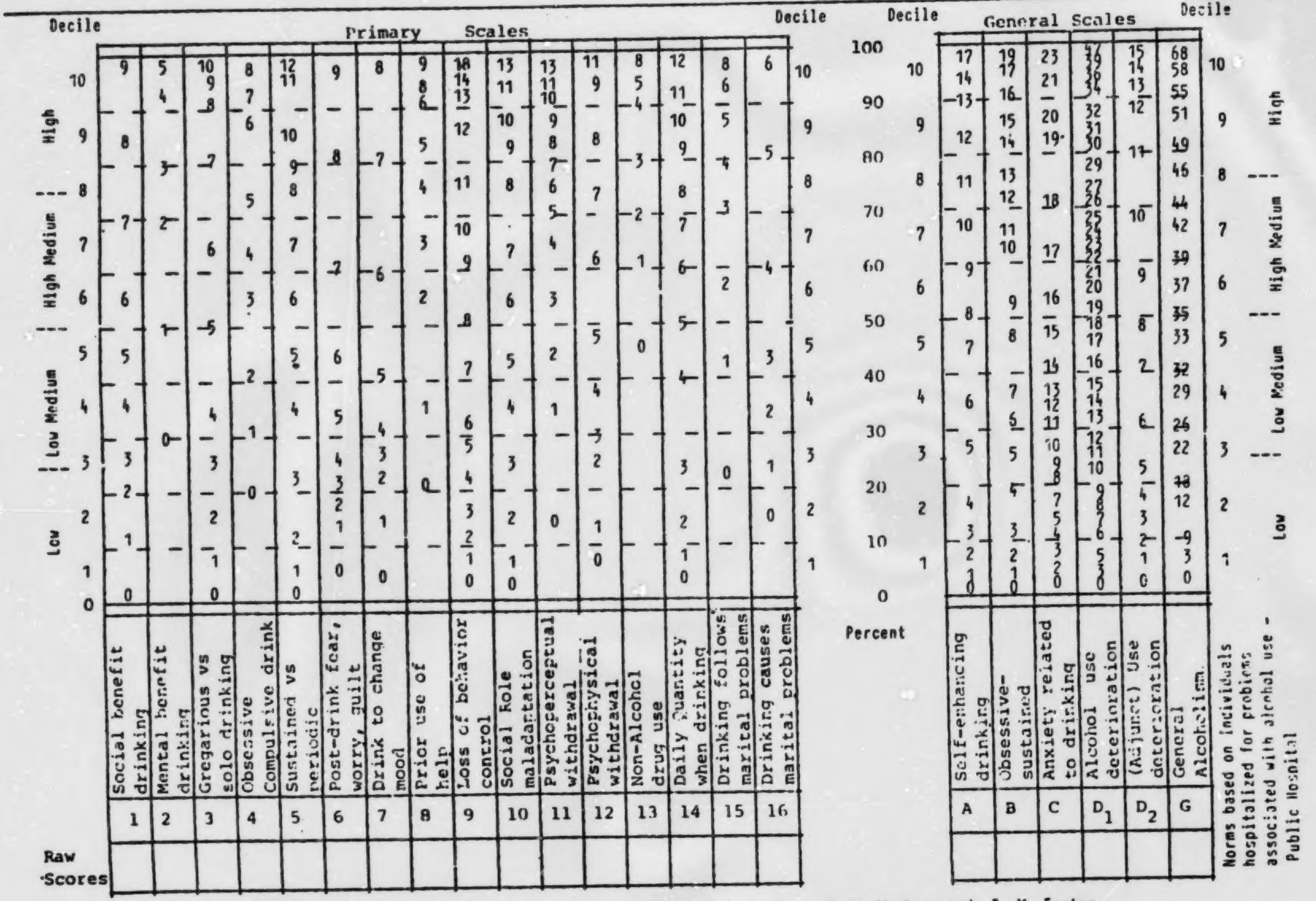
The content and meaning of the 22 Scales are described in the article, "A Differential Assessment Model for Alcoholism: The Scales of the Alcohol Use Inventory (Journal of Studies on Alcohol, 38, 512-534, 1977). The methods through which the scales were developed are also discussed in that article along with the psychometric properties of the scales. The Guidelines for Use of the Alcohol Use Inventory is currently being prepared, and will be ready for distribution within the next six to nine months.

"Copr.," J. L. Horn, K. W. Wanberg and F.M. Foster

The Alcohol Use Inventory Clinical Profile, 9/1/82.

ALCOHOL USE INVENTORY PROFILE

NAME______________________ AGE_____ GENDER: F____ M____ DATE______________ CODE________ STATUS______



Authors: J. L. Horn, K. W. Wanberg and F. M. Foster.

"Copr.," J. L. Horn, K. W. Wanberg and F. M. Foster

P. O. Box 26528, Denver, Colorado 80226

108

CLIENT FOLLOW-UP INTERVIEW

Authors:	Dennis Kelso and Kaye M. Fillmore
Assessment Areas Covered:	Psychological function, anxiety, depression, alcohol consumption quantity/frequency, patterns of alcohol consumption, consequences of alcohol use, drug use, physical health, personality factors, treatment factors, extra-treatment factors, social relationships, employment, legal, health care contacts, life events, attitudes, coping responses
Administration:	Face-to-face, structured interview by trained interviewer (60 minutes in length). This instrument is given at admission, discharge, and followup (6 months after discharge).
Design Features:	Precoded multiple-choice items, longitudinal design, response categories suitable for inpatient and outpatient settings
Abstract:	This questionnaire can be used as a data collection instrument for outpatient and inpatient alcohol treatment research. It was developed with sponsor funding provided by the State of Alaska, Office of Alcoholism and Drug Abuse. It is one of three instruments used in a study of clients in alcoholism treatment in Fairbanks, Juneau, and Anchorage, Alaska. Other instruments documented all units of treatment services and obtained collateral reports about client drinking. The instruments were designed for use in a prospective, short-term longitudinal study of client functioning before and after treatment in State-funded programs. Subjects included 500 inpatients and outpatients; about 40 percent of the inpatient clients were Alaskan natives--Eskimos, Aleuts, and Athabascan, Tlingit, and Haida Indians. The followup rate was 88 percent for both inpatients and outpatients.
Related Published Reports:	Kelso, D., and Fillmore, K.M. Overview: Alcoholism Treatment and Client Functioning in Alaska. Anchorage: Center for Alcohol and Addiction Studies, University of Alaska, 1984.
Availability Source:	Dennis Kelso, Ph.D., Center for Alcohol and Addiction Studies, University of Alaska, 3211 Providence Drive, Anchorage, Alaska 99508

CONFIDENTIAL FORM

CFU Study Case Number: └┴┴┴┴┘ (1-5)

CLIENT FOLLOW-UP INTERVIEW

Program Client Number: └┴┴┴┴┴┴┴┴┴┘ (15)

Name: └┴┴┴┴┴┴┴┴┴┴┴┴┴┴┴┴┴┴┴┴┴┴┴┴┴┘ (41)
Last First Middle

Date of Admission: └┴┘└┴┘└┴┘ Mo. Day Year (47)

Date of Pretreatment Interview: └┴┘└┴┘└┴┘ Mo. Day Year (53)

Date of Discharge/Termination: └┴┘└┴┘└┴┘ Mo. Day Year (59)

Date of Discharge/Termination Interview: └┴┘└┴┘└┴┘ Mo. Day Year (65)

Date of Follow-Up Interview: └┴┘└┴┘└┴┘ Mo. Day Year (71)

Time Started: └┴┘ : └┴┘ Hour Minute (75)

AM 1 (76)
PM 2

CLIENT FOLLOW-UP STUDY

Sponsored by:
Alaska State Office of Alcoholism and Drug Abuse

Conducted by:
Alaska Management Technologies, Inc.

RECORD OF CONTACTS

Contact #	Day	Date	Time	Result of Contact	Interviewer

Total Number of Contacts └┘ (77)

Interviewer Name ____________________ └┴┘ (79)

I certify that this interview has been conducted according to all prescribed procedures and is, to the best of my knowledge, entirely accurate.

On-Site Coordinator Ck. _____

Initials _____ └┴┘ (81)

Date ________

____
(Interviewer's Signature)

9/13/82

INTRODUCTION TO FOLLOW-UP INTERVIEW

[READ THE FOLLOWING INTRODUCTORY STATEMENT VERBATIM]

Today's interview will not take long, and you will only be asked to answer questions about your drinking behavior, its effects on your life, and the effectiveness of the treatment you have received. The purpose of the study and the reason for interviewing you is to help the State Office of Alcoholism learn more about the effectiveness of alcohol treatment programs. As a token of appreciation, you will receive $10 at the end of this interview.

The study is completely separate from any treatment you have received, and the information that you give us will never be seen or used by anyone on the treatment staff. All information that is received during the study will be kept confidential and stored in a locked file. Only a few members of the study team will have access to these files, and your responses will not be made available to anyone else.

I'd like to remind you that your participation in this study is entirely voluntary, and you are free to withdraw if you wish.

Do you have any questions that you would like to ask me now?

First, I'd like to ask you to verify and update some general information about yourself. [ASK QUESTIONS 1 THROUGH 30, PAGES 1 THROUGH 9. VERIFY ALL RESPONSES AGAINST A COPY OF THE SAME QUESTIONS FROM THE PRETREATMENT INTERVIEW GUIDE THAT MAY HAVE BEEN REVISED DURING THE DISCHARGE/TERMINATION INTERVIEW. ONLY RECORD UPDATED OR CORRECTED INFORMATION IN THE SPACES PROVIDED BELOW. MARK ALL REVISED QUESTIONS ON PRETREATMENT INTERVIEW GUIDE.]

1. What is your full name?

First ______ Middle ______ Last ______

2. Do you use any other names, nicknames, or aliases?

NO

YES

3. IF YES, Specify: ______

★4. What is the location of your current (most recent) residence? [NOT THE ADDRESS OF THE PROGRAM]

Street Address/Location ______ [OFFICE CODE] ☐☐☐ (84)

City ______ State ______ Zip Code ______

( ) Telephone (personal or message) ______ How is it listed? ______

5. What is the mailing address (if different from your current residence)?

SAME AS CURRENT RESIDENCE NO YES

Street Address/Location/P.O. Box ______

City ______ State ______ Zip Code ______

★6. Is your current address also the address of your permanent residence?

NO

YES

7. IF NO, What is your permanent address?

Street Address/Location ______ [OFFICE CODE] ☐☐☐ (87)

City ______ State ______ Zip Code ______

( ) Telephone (personal or message) ______ How is it listed? ______

8. What is the mailing address (if different from your permanent residence)?

SAME AS PERMANENT RESIDENCE NO YES

Street Address/Location/P.O. Box

City State Zip Code

9. Do you live in a house, an apartment, or other type of building? [PROBE FOR TYPE]

ONE-FAMILY HOUSE DETACHED FROM ANY OTHER HOUSE	01	
ONE-FAMILY HOUSE ATTACHED TO ONE OR MORE HOUSES	02	
A BUILDING FOR TWO TO FOUR FAMILIES	03	
A BUILDING FOR FIVE OR MORE FAMILIES	04	
A ROOMING HOUSE (HOTEL)	05	
A MOBILE HOME	06	(89)
GROUP HOME (FLOPHOUSE, SALVATION ARMY, MISSION, DORMITORY, ETC.)	07	
JAIL	10	
MEDICAL FACILITY	11	
OTHER (SPECIFY)	12	

10. Do you: [SHOW RESPONDENT CARD 1; READ LIST]

Own your residence?	1	
Rent your residence?	2	
Pay by the night or week for your room?	3	(90)
Live rent-free with family or friends?	4	
Other (specify)	5	

11. How long have you lived there?

Years ☐☐ (92)
and
Months ☐☐ (94)

12. How long have you lived in this same city/town?

Years ☐☐ (96)
and
Months ☐☐ (98)

13. Do you typically spend periods of time in other regions of the state or outside the state?

NO [GO TO 19]
YES

IF YES, ASK:

a. Where? [PROBE FOR SPECIFIC LOCATION WITH IDENTIFYING INFORMATION]

____
____
____

b. Why? [PROBE FOR SEASONAL WORK, VISITING RELATIONS, ETC.]

____
____
____

c. When are you usually there? From __________ to __________
Month Month

d. How can you be reached when you're there? [PROBE FOR PERSONS, AGENCIES, EMPLOYERS, LOCATIONS]

____
____
____

14. Any other places?

NO [GO TO 19]
YES

IF YES, ASK:

a. Where? [PROBE FOR SPECIFIC LOCATION WITH IDENTIFYING INFORMATION]

____
____
____

b. Why? [PROBE FOR SEASONAL WORK, VISITING RELATIONS, ETC.]

____
____
____

c. When are you usually there? From ______________ to ______________
Month Month

d. How can you be reached when you're there? [PROBE FOR PERSONS, AGENCIES, EMPLOYERS, LOCATIONS]

____

____

____

15. Any other places?

NO [GO TO 19]
YES

IF YES, ASK:

a. Where? [PROBE FOR SPECIFIC LOCATION WITH IDENTIFYING INFORMATION]

____

____

____

b. Why? [PROBE FOR SEASONAL WORK, VISITING RELATIONS, ETC.]

____

____

____

c. When are you usually there? From ______________ to ______________
Month Month

d. How can you be reached when you're there? [PROBE FOR PERSONS, AGENCIES, EMPLOYERS, LOCATIONS]

____

____

____

[16. OMITTED]

[17. OMITTED]

[18. OMITTED]

19. Please give us the name(s) of relatives or friends who generally know about your activities and whereabouts, who know that you are here now, and who will know where you are when you leave this program. Please begin with your closest female relative. [SHARE WITH RESPONDENT WHAT A CONTACT PERSON WOULD SAY TO THESE INDIVIDUALS IN AN ATTEMPT TO LOCATE THE RESPONDENT]

★ a. Relationship: ______________________ Sex: M F Age: ____

Name: ____

First Middle Last

____

Street Address/Location/P.O. Box

______________________ ____________ ____________

City State Zip Code

( ) ______________________ ______________________

Telephone Number How is it listed?

Place of Employment: ______________________________

Company/Agency Name

____

Address/Location/P.O. Box

( ) ______________________

Business Telephone

COMMENTS: ____

As I mentioned to you earlier, we need to interview briefly a family member or a friend who knows you well enough to provide us with additional information about you and your drinking behavior. Would this person be able and willing to provide us with such information? Would you feel comfortable about letting us contact him/her? [DISTINGUISH CONTACT PERSONS AND COLLATERAL INTERVIEWS]

☐ [RELEASE]

NO
YES
CHOICE: ____

★ b. Can you give me another person to contact who knows of your whereabouts and/or another person we might interview briefly for additional information?

Relationship: ______________________ Sex: M F Age: ____

Name: ____

First Middle Last

____

Street Address/Location/P.O. Box

______________________ ____________ ____________

City State Zip Code

( ) ______________________ ______________________

Telephone Number How is it listed?

BEST COPY AVAILABLE

Place of Employment: ______________________________
Company/Agency Name

____
Address/Location/P.O. Box

(   ) ______________________
Business Telephone

COMMENTS: ______________________________

May we contact this person for an interview?

NO
YES
CHOICE: ____

☐
[RELEASE]

★c. Can you give me another person to contact who knows of your whereabouts and/or another person we might interview briefly for additional information?

Relationship: ______________________ Sex: M F Age: ____

Name: ______________________________
First Middle Last

____
Street Address/Location/P.O. Box

______________ ______________ ______________
City State Zip Code

(   ) ______________________ ______________________
Telephone Number How is it listed?

Place of Employment: ______________________________
Company/Agency Name

____
Address/Location/P.O. Box

(   ) ______________________
Business Telephone

COMMENTS: ______________________________

May we contact this person for an interview?

NO
YES
CHOICE: ____

☐
[RELEASE]

★d. Can you give me another person to contact who knows of your whereabouts and/or another person we might interview briefly for additional information?

Relationship: ______________________ Sex: M F Age: ____

Name: ______________________________________
First Middle Last

____
Street Address/Location/P.O. Box

____________________ ____________ ____________
City State Zip Code

( ) ____________________ ____________________
Telephone Number How is it listed?

Place of Employment: ______________________________
Company/Agency Name

____
Address/Location/P.O. Box

( ) ____________________
Business Telephone

COMMENTS: ______________________________________

May we contact this person for an interview?

NO
YES
CHOICE: ____

☐
[RELEASE]

e. RESPONDENT NAMED ONE OR MORE COLLATERALS?

NO 1 (99)
YES 2

f. IF YES, ASK: Of the persons just named, who would you consider to be your: (1) first choice, (2) second choice, (3) third choice, (4) fourth choice to be contacted for a brief interview? [INDICATE RESPONDENT'S CHOICES BY ENTERING THE APPROPRIATE NUMBER IN THE SPACES MARKED "CHOICE," ABOVE, FOR QUESTIONS 19-a, b, c, d]

20. Are you planning to move from where you are living now?

NO [GO TO 22] 1 (100)
YES 2

IF YES, Where?

a. Specify:

Street Address/Location

City State Zip Code

( ) Telephone (personal or message) How is it listed?

b. What is the mailing address (if different from above)?

Street Address/Location/P.O. Box

City State Zip Code

21. Any other places you might move to or live temporarily?

NO [GO TO 22]
YES

IF YES, Where?

Street Address/Location

City State Zip Code

( ) Telephone (personal or message) How is it listed?

What is the mailing address (if different from above)?

Street Address/Location/P.O. Box

City State Zip Code

22. When not at home or work, where do you spend most of your time? [PROBE FOR HANGOUTS; GET SPECIFIC INFORMATION]

____

____

____

[23. OMITTED]

[24. OMITTED]

25. Which of these best describes your military experience? [SHOW RESPONDENT CARD 2; READ RESPONSES]

Never in the military	01	
On active duty/No Vietnam combat	02	
On active duty/Vietnam combat	03	
In Reserves/National Guard/No Vietnam combat	04	
In Reserves/National Guard/Vietnam combat	05	(102)
Vietnam era veteran/No Vietnam combat	06	
Vietnam era veteran/Vietnam combat	07	
Veteran of other conflict	10	
Veteran - peacetime	11	
Military dependent	12	

26. Now, I would like to record a series of identifying numbers. [MANY OF THESE MAY BE AVAILABLE FROM THE PROGRAM RECORDS; CIRCLE ONE FOR EACH ROW AS APPROPRIATE]

	NUMBER	NO	YES	REFUSED	DON'T KNOW	(111)
★a. Alaska driver's license number	☐☐☐☐☐☐☐☐☐	1	2	8	9	☐ [RELEASE]
b. Out-of-state driver's license number	______________	1	2	8	9	(112)

[c, d, e, f, g, h, i OMITTED]

[27. OMITTED]

[28. OMITTED]

[29. OMITTED]

[30. OMITTED]

31. What is your current religious or spiritual preference? [PROBE FOR DETAIL; EXCLUDE AA; RECORD RESPONSE IN SPACE PROVIDED]

____

____

RELIGION CODES--OFFICE USE	
NONE	01
BAPTIST	02
BLACK MUSLIM	03
CATHOLIC	04
CHURCH OF CHRIST	05
CONGREGATIONALIST	06
DISCIPLE OF CHRIST	07
EPISCOPALIAN	10
JEHOVAH'S WITNESS	11
JEWISH	12
LATTER-DAY SAINTS (MORMON)	13
LUTHERAN	14
METHODIST	15
PENTECOSTAL	16
PRESBYTERIAN	17
RUSSIAN ORTHODOX	18
SEVENTH-DAY ADVENTIST	19
OTHER (SPECIFY) ______________	20

|_|_| (114)
[OFFICE CODE]

32. How would you describe your spiritual practice during the past six months? Would you describe it as: [SHOW RESPONDENT CARD 3; READ RESPONSES]

Frequent?	1	
Sometimes?	2	(115)
Rare?	3	
Never?	4	

33. What do you consider to be your race or ethnic background? [ALLOW MORE THAN ONE RESPONSE; CODE RESPONSES IN ORDER MENTIONED]

RACE/ETHNICITY CODES	
WHITE--NOT OF HISPANIC ORIGIN	01
BLACK--NOT OF HISPANIC ORIGIN	02
ALASKAN NATIVE:	
ALEUT	03
ESKIMO:	
INUPIAT	04
UPIK	05
TLINGIT	06
HAIDA	07
TSIMSHIAN	10
ATHABASCAN	11
AMERICAN INDIAN	12
ASIAN OR PACIFIC ISLANDER	13
HISPANIC	14
OTHER (SPECIFY) ____________	15

a. FIRST ...... └─┴─┘ (117)
b. SECOND ..... └─┴─┘ (119)
c. THIRD ...... └─┴─┘ (121)
d. FOURTH ..... └─┴─┘ (123)

IF NOT ALASKAN NATIVE OR AMERICAN INDIAN (03-12 FOR a THROUGH d ABOVE), GO TO 42

[ADMINISTER ONLY TO CLIENTS WHO ARE ALASKAN NATIVES OR AMERICAN INDIANS, (CODES 03-12 IN ITEM 33)]

34. For each type of school you attended, what grades did you complete? [SHOW RESPONDENT CARD 4; CIRCLE ALL GRADES COMPLETED AT EACH TYPE SCHOOL]

	GRADES													
Local BIA (government) school	1	2	3	4	5	6	7	8	9	10	11	12	└─┴─┘	(125)
Local public school	1	2	3	4	5	6	7	8	9	10	11	12	└─┴─┘	(127)
Boarding school (BIA/government)	1	2	3	4	5	6	7	8	9	10	11	12	└─┴─┘	(129)
Urban public school	1	2	3	4	5	6	7	8	9	10	11	12	└─┴─┘	(131)
Other, specify: ____________ ____________	1	2	3	4	5	6	7	8	9	10	11	12	└─┴─┘	(133)

35. What is the language of your cultural heritage? [CIRCLE ONE]

English	01	
Alaskan Native:		
Aleut	02	
Inupiat	03	
Upik	04	
Tlingit	05	
Haida	06	
Tsimshian	07	(135)
Athabascan	10	
American Indian	11	
Indochinese	12	
Spanish	13	
Other, specify: ____________ ____________	14	

36. Do you speak your own native language?

NO (GO TO 39) 1 (136)
YES, A LITTLE 2
YES, FLUENTLY 3

37. During the past six months, how comfortable have you felt speaking your native language: [SHOW RESPONDENT CARD 5; READ RESPONSES; CIRCLE RESPONSE CODE]

	Very Uncomfortable	Uncomfortable	Comfortable	Very Comfortable	Haven't Had the Opportunity	
a. At home?	1	2	3	4	5	
b. At work?	1	2	3	4	5	
c. With friends (about the same age)?	1	2	3	4	5	
d. With older friends, ... relatives (elders)	1	2	3	4	5	
e. With younger friends, ... relatives	1	2	3	4	5	
f. In general?	1	2	3	4	5	(142)

38. During the past six months, how comfortable have you felt speaking English: [SHOW RESPONDENT CARD 5; READ RESPONSES; CIRCLE RESPONSE CODE]

	Very Uncomfortable	Uncomfortable	Comfortable	Very Comfortable	Haven't Had the Opportunity	
a. At home?	1	2	3	4	5	
b. At work?	1	2	3	4	5	
c. With friends (about the same age)?	1	2	3	4	5	
d. With older friends, ... relatives (elders)	1	2	3	4	5	
e. With younger friends, ... relatives	1	2	3	4	5	
f. In general?	1	2	3	4	5	(148)

39. During the past six months, how much have you enjoyed: [SHOW RESPONDENT CARD 6; READ RESPONSES, CIRCLE RESPONSE CODE]

	Not At All	A Little	Somewhat	Very Much	Haven't Had the Opportunity	
a. Native music?	1	2	3	4	5	
b. Native dances?	1	2	3	4	5	
c. Native-oriented places?	1	2	3	4	5	
d. Native-type recreation?	1	2	3	4	5	(152)

40. During the past six months, how much have you enjoyed: [SHOW RESPONDENT CARD 6; READ RESPONSES: CIRCLE RESPONSE CODE]

	Not At All	A Little	Somewhat	Very Much	Haven't Had the Opportunity	
a. Non-Native music?	1	2	3	4	5	
b. Non-Native dances?	1	2	3	4	5	
c. Non-Native oriented places?	1	2	3	4	5	
d. Non-Native type recreation?	1	2	3	4	5	(156)

41. Sometimes life is not as we really like it. If you could have your way, what would you like the following aspects of your life to be like? [SHOW RESPONDENT CARD 7; READ EACH ITEM, ASK "HOW WOULD YOU LIKE THIS TO BE?"; CIRCLE RESPONSE CODE]

"How would you like this to be?"

ITEMS	Completely Native	Mostly Native	Mostly Non-Native	Completely Non-Native	
a. Food	1	2	3	4	
b. Language	1	2	3	4	
c. Music	1	2	3	4	
d. TV programs	1	2	3	4	
e. Books/magazines ...	1	2	3	4	
f. Dances	1	2	3	4	
g. Radio programs	1	2	3	4	
h. Way of celebrating special events	1	2	3	4	(165)

42. Now, I am going to ask you about your work experience during the past six months. Are you currently employed? [COMPLETE THE FOLLOWING CHART ACCOUNTING FOR THE PAST 26 WEEKS; USE CALENDAR]

	BEGIN WITH THE DATE OF THIS INTERVIEW AS WEEK ZERO AND WORK BACKWARDS TO WEEK 26	
JOB TITLE/DUTIES/DESCRIPTION [FULL-TIME OR PART-TIME] AND TYPE OF BUSINESS OR REASON FOR NOT WORKING	FROM WEEK	TO WEEK
a.	0 -	
b.	-	
c.	-	
d.	-	
e.	-	
f.	-	
g.	-	
h.	-	
i.	-	
j.	-	

EMPLOYMENT STATUS CODES--OFFICE USE	
FULL-TIME OR WORKING FULL-TIME AT MORE THAN ONE JOB	1
PART-TIME JOB	2
WORKED AT ODD JOBS	3
UNEMPLOYED	4

REASON FOR UNEMPLOYMENT CODES--OFFICE USE	
IN ALCOHOL TREATMENT	01
IN OTHER HOSPITAL/MEDICAL FACILITY	02
IN JAIL/CORRECTION FACILITY	03
WORK OUT OF SEASON	04
STUDENT	05
HOMEMAKER	06
RETIRED	07
TEMPORARILY LAID OFF	10
DISABLED	11
DRINKING	12
OTHER (SPECIFY) ________	13

OFFICE CODE					
	(1) EMPLOYMENT STATUS	(2) REASON FOR UNEMPLOYMENT	(3) OCCUPATION	(4) NUMBER OF WEEKS	
a.	☐	☐☐	☐☐	☐☐	(172)
b.	☐	☐☐	☐☐	☐☐	(179)
c.	☐	☐☐	☐☐	☐☐	(186)
d.	☐	☐☐	☐☐	☐☐	(193)
e.	☐	☐☐	☐☐	☐☐	(200)
f.	☐	☐☐	☐☐	☐☐	(207)
g.	☐	☐☐	☐☐	☐☐	(214)
h.	☐	☐☐	☐☐	☐☐	(221)
i.	☐	☐☐	☐☐	☐☐	(228)
j.	☐	☐☐	☐☐	☐☐	(235)

43. What was your total household income last year before taxes? Include all income for all household members. [SHOW RESPONDENT CARD 8]

UNDER $5,000	01	
$5,000 TO $9,999	02	
$10,000 TO $14,999	03	
$15,000 TO $19,999	04	
$20,000 TO $24,999	05	
$25,000 TO $29,999	06	(237)
$30,000 TO $34,999	07	
$35,000 TO $39,999	10	
$40,000 TO $44,999	11	
$45,000 AND OVER	12	

44. What were the different sources of support for all household members during the past six months, that is, since ____________.* [SHOW RESPONDENT CARD 9; READ LIST]
MONTH

Did your household receive income from:

	NO	YES	
(1) Your employment (wages, salaries, tips, self-employment)	1	2	
(2) Income from spouse (other family, children, friends)	1	2	
(3) Workmen's compensation, disability, SSI, State Supplement to SSI	1	2	
(4) Unemployment compensation/Insurance	1	2	
(5) Public assistance/Welfare (AFDC, General Assistance, General Relief, food stamps for you and for other family members)	1	2	
(6) Social Security/Railroad Retirement	1	2	
(7) Veterans, GI, and other military benefits	1	2	
(8) Other pensions, retirement, pioneer benefits	1	2	
(9) Savings or investments, native corporations	1	2	
(10) Other (loans, grants, stipends, panhandling), specify: ______________________	1	2	(247)

45. During the past six months, did you use subsistence activities, like hunting, fishing, or gardening, to help support yourself (and your family)?

NO	1	(248)
YES	2	

46. IF YES, To what extent?

LESS THAN 1/4	1	
1/4 TO 1/2	2	(249)
1/2 TO 3/4	3	
3/4 OR MORE	4	

---

* ESTABLISH THE MONTH THAT REPRESENTS SIX MONTHS PRIOR TO THE DATE OF THIS INTERVIEW OR THE MONTH OF DISCHARGE/TERMINATION FROM TREATMENT IF THE PERIOD OF TIME BETWEEN THE DATE OF DISCHARGE AND THIS INTERVIEW IS LESS THAN SIX MONTHS. THIS MONTH WILL BE REFERRED TO THROUGHOUT THE REMAINDER OF THE INTERVIEW.

47. How would you rate the general state of your health during the past month? [SHOW RESPONDENT CARD 10; READ EACH RESPONSE]

Poor	1	
Fair	2	
Good	3	(250)
Very good	4	

48. Taking all things together, how would you say things are these days--would you say you are very happy, happy, or not happy at all?

VERY HAPPY	1	
HAPPY	2	(251)
NOT HAPPY AT ALL	3	

49. What is your current marital status? [SHOW RESPONDENT CARD 11; READ LIST; RECORD ALL APPROPRIATE INFORMATION, INCLUDING DATES, IN THE SPACES BELOW; CIRCLE THE NUMBER OF THE ONE MOST RECENT STATUS]

Married, living with spouse	1	
Living together, not married	2	
Married, separated	3	
Divorced/Marriage annulled	4	(252)
Widowed	5	
Deserted	6	
Never married	7	

50. How satisfied are you with this situation (most recent/current status)? [SHOW RESPONDENT CARD 12; READ LIST]

Very satisfied	1	
Satisfied	2	
Dissatisfied	3	(253)
Very dissatisfied	4	

51. IF CURRENTLY NEITHER MARRIED NOR LIVING WITH BOYFRIEND/GIRLFRIEND, ASK: Do you currently have a steady girlfriend/boyfriend?

NO	1	
YES	2	(254)

52. IF CURRENTLY MARRIED, ASK: How long have you been married?

Years ⊔⊔ (256)
and
Months ⊔⊔ (258)

53. IF EVER MARRIED, ASK: How many times have you been married, including your present marriage?

⊔⊔ (260)
Number of times

54. Now I'm going to ask you about how things have been in various areas of your life during the past six months, that is, since ____________. [SHOW RESPONDENT CARD 13; READ LIST; CIRCLE ONE FOR EACH ROW]
MONTH

How about:	Very Good	Good	Fair	Poor	N/A	
a. Your friendships and social life?	1	2	3	4	5	(261)
b. Your home life?	1	2	3	4	5	
c. Your relationship with your children?	1	2	3	4	5	
d. Your job or job opportunities?	1	2	3	4	5	
e. The place you live?	1	2	3	4	5	
f. Your money or finances?	1	2	3	4	5	
g. Your outlook on life?	1	2	3	4	5	
h. Your health?	1	2	3	4	5	
i. Subsistence activities?	1	2	3	4	5	(269)

(How has this been?)

55. [READ STEM IN EACH ITEM; SHOW RESPONDENT CARD 14; CIRCLE ONE FOR EACH ROW; DISTINGUISH SOCIAL/RECREATONAL ACTIVITIES FROM SUBSISTENCE OR ECONOMIC ACTIVITIES]

During the past six months, that is, since ___________, how often have you participated in or attended any of these activities?
MONTH

	Never	Rarely	Sometimes	Frequently	
a. Playing sports (individual or team)	1	2	3	4	(270)
b. Going to watch sporting events	1	2	3	4	
c. Games (cards, board games, bingo)	1	2	3	4	
d. Cultural/traditional events	1	2	3	4	
e. Long talks	1	2	3	4	
f. Hiking/camping or long walks (recreational)	1	2	3	4	
g. Hunting/fishing (recreational)	1	2	3	4	
h. Parties	1	2	3	4	
i. Hobbies	1	2	3	4	
j. Movies (not TV)	1	2	3	4	
k. Visiting (friends or relatives)	1	2	3	4	
l. Social gatherings (church-sponsored activities, potlucks)	1	2	3	4	
m. Community activities (e.g., council meetings, dedications, benefits)	1	2	3	4	(282)

56. [SHOW RESPONDENT CARD 14; READ LIST; CIRCLE ONE FOR EACH ROW] Now, I would like to ask you some questions about the way you have felt during the past six months. Here are some of the ways people feel at different times.

During the past six months, that is, since ____________, how often have you:
MONTH

		Never	Rarely	Sometimes	Frequently	
a.	Felt that you just couldn't get going?	1	2	3	4	(283)
b.	Felt that you were a worrier?	1	2	3	4	
c.	Felt that your memory wasn't all right?	1	2	3	4	
d.	Had personal worries that made you feel sick?	1	2	3	4	
e.	Felt that nothing turned out right for you?	1	2	3	4	
f.	Wondered if anything was worthwile anymore?	1	2	3	4	
g.	Felt sad or blue?	1	2	3	4	(289)

57. [SHOW RESPONDENT CARD 14; READ LIST; CIRCLE ONE FOR EACH ROW] Here is a list of symptoms. How often have you experienced any of them during the past six months (that is, since ___________)?
MONTH

		Never	Rarely	Sometimes	Frequently	
a.	Felt weak all over	1	2	3	4	(290)
b.	Suddenly felt hot all over	1	2	3	4	
c.	Heart beating hard, pounding	1	2	3	4	
d.	Restlessness, couldn't sit still	1	2	3	4	
e.	Nervousness (fidgety, tense)	1	2	3	4	(294)

58. When did you have your last drink--that is, when was the last time you had any alcohol beverage, such as beer, wine, or liquor, even if it was only a little? [RECORD VERBATIM GIST; NOTE: DETERMINE WHETHER DRINKING TOOK PLACE DURING THE PAST SIX MONTHS OR SINCE DISCHARGE FROM TREATMENT--IF THAT PERIOD OF TIME IS LESS THAN SIX MONTHS; REFER TO CALENDAR IF NECESSARY]

____ |_|_| |_|_| |_|_| (300)
MONTH DAY YEAR

____

DID RESPONDENT DRINK DURING THE PAST SIX MONTHS OR SINCE DISCHARGE--IF THAT PERIOD OF TIME IS LESS THAN SIX MONTHS?

NO 1 (301)
YES 2

IF NO, GO TO 76, PAGE 24.

59. During the past six months how often did you drink beer? [SHOW RESPONDENT CARD 15; READ LIST]

Every day or nearly every day	1	
3-4 times a week	2	
1-2 times a week	3	
1-3 times a month	4	(302)
3-5 times in the past six months	5	
Once or twice in the past six months	6	
Never in the past six months [GO TO 61]	7	

OTHER ______________________________

60. During the past six months, how much beer did you drink on a typical day on which you drank beer? [PROBE FOR CONTAINER SIZE/UNIT; IF DRINK WAS SHARED, NUMBER OF DRINKERS, ETC.]

1 12-OUNCE CAN OR BOTTLE	01	
2 CANS	02	
3 CANS [1 QUART]	03	
4 CANS	04	
5 CANS [2 QUARTS]	05	(304)
6 CANS	06	
7 CANS	07	
8-11 CANS	10	
12-17 CANS	11	
18 OR MORE CANS	12	

OTHER QUANTITY ______________________________

61. During the past six months how often did you drink wine? [SHOW RESPONDENT CARD 15; READ LIST]

Every day or nearly every day	1	
3-4 times a week	2	
1-2 times a week	3	
1-3 times a month	4	(305)
3-5 times in the past six months	5	
Once or twice in the past six months	6	
Never in the past six months [GO TO 63]	7	

OTHER ______________________________

62. During the past six months, how much wine did you drink on a typical day on which you drank wine? [PROBE FOR CONTAINER SIZE/UNIT; IF DRINK WAS SHARED, NUMBER OF DRINKERS, ETC.]

1 GLASS [4 OZ.]	01	
2 GLASSES	02	
3 GLASSES	03	
4 GLASSES	04	
5 GLASSES [BOTTLE OF TABLE WINE]	05	(307)
6 GLASSES	06	
7 GLASSES	07	
8-11 GLASSES	10	
12-17 GLASSES	11	
18 OR MORE GLASSES	12	

OTHER QUANTITY ______________________________

63. During the past six months how often did you drink hard liquor? [SHOW RESPONDENT CARD 15; READ LIST]

Every day or nearly every day	1	
3-4 times a week	2	
1-2 times a week	3	
1-3 times a month	4	
3-5 times in the past six months	5	(308)
Once or twice in the past six months	6	
Never in the past six months [GO TO 65]	7	

OTHER ____________________

64. During the past six months, how much hard liquor did you drink on a typical day on which you drank hard liquor? [PROBE FOR CONTAINER SIZE/UNIT; IF DRINK WAS SHARED, NUMBER OF DRINKERS, ETC.]

1 DRINK [1 OUNCE OF HARD LIQUOR]	01	
2 DRINKS	02	
3 DRINKS	03	
4 DRINKS	04	
5 DRINKS	05	(310)
6 DRINKS	06	
7 DRINKS	07	
8-11 DRINKS	10	
12-17 DRINKS [PINT]	11	
18 OR MORE DRINKS [FIFTH]	12	

OTHER QUANTITY ____________________

65. How would you describe your drinking for each of the past six months? [SHOW RESONDENT CARD 16; READ LIST; REFER TO CALENDAR AND RECORD EACH TIME PERIOD; START WITH THE MOST RECENT MONTH AS MONTH 1 AND WORK BACKWARD]

	Month	From Week	To Week	Not Drinking At All	Rarely Drinking	Social/ Moderate Drinking	Heavy Drinking	Problem Drinking	Alcoholic Drinking	
a.	1	0	4	1	2	3	4	5	6	(311)
b.	2	5	8	1	2	3	4	5	6	
c.	3	9	12	1	2	3	4	5	6	
d.	4	13	16	1	2	3	4	5	6	
e.	5	17	20	1	2	3	4	5	6	
f.	6	21	24	1	2	3	4	5	6	(316)

66. How often did you get drunk during the past six months? [SHOW RESPONDENT CARD 17; READ LIST]

Every day or nearly every day	1	
3-4 times a week	2	
1-2 times a week	3	
1-3 times a month	4	(317)
3-5 times in the past six months	5	
Once or twice in the past six months	6	
Never in the past six months [GO TO 70]	7	

OTHER ____________________

67. How many drinks did it take for you to get drunk (during the past six months)? [PROBE FOR CONTAINER SIZE/UNIT; IF DRINK WAS SHARED, NUMBER OF DRINKERS, ETC.]

NUMBER OF DRINKS └─┴─┘ (319)

68. How many times during the past six months did you stay drunk for one or more days?

NUMBER OF TIMES └─┴─┴─┘ (322)
[IF ZERO, GO TO 70]

69. IF ONE OR MORE TIMES, ASK: For how many days at a time?

NUMBER OF DAYS └─┴─┘ (324)

70. Have you tried to cut down on your drinking during the past six months?

NO 1
YES 2 (325)

71. Have you tried to stop drinking altogether during the past six months?

NO 1
YES 2 (326)

72. IF YES, For how long were you successful?

NUMBER OF DAYS └─┴─┴─┘ (329)

73. When you were drinking during the past six months, that is, since __________,
MONTH
did you most often drink: [SHOW RESPONDENT CARD 18; READ RESPONSES]

With friends? 1
With relatives, including spouse? 2
With acquaintances? 3 (330)
Alone? 4
Other, specify: ______________________ 5

74. When you were drinking during the past six months, that is, since __________, where did you do most of your drinking? [SHOW RESPONDENT
MONTH
CARD 19; READ RESPONSES]

At home 1
At other people's homes 2
At bars or restaurants 3 (331)
On the street/alley/hallway 4
Other, specify: ______________________ 5

75. FIRST, ASK THE ENTIRE SERIES, INQUIRING WHETHER THE EXPERIENCES HAVE OCCURRED DURING THE PAST SIX MONTHS. THEN, GO BACK OVER THE LIST, AND FOR EACH REPORTED EXPERIENCE, ASK: HOW MANY TIMES HAS THIS HAPPENED DURING THE PAST SIX MONTHS?

Here is a list of some experiences that many people have reported in connection with drinking. As I read each item, please tell me if this experience has happened to you during the past six months. [READ EACH ITEM; CIRCLE ONE FOR EACH ROW]

	⇩ a. Has this happened during the past six months?		b. IF YES, How many times has this happened during the past six months?	
How about:	NO	YES	EXACT NUMBER	
(1) I have skipped a number of regular meals while drinking	1	2	|_|_|_|	(335)
(2) I have taken a few quick drinks before going to a party to make sure I had enough	1	2	|_|_|_|	(339)
(3) I have had a quick drink or so when no one was looking	1	2	|_|_|_|	(343)
(4) I have awakened the next day not being able to remember some of the things I had done while drinking	1	2	|_|_|_|	(347)
(5) I have taken a drink the first thing when I got up in the morning	1	2	|_|_|_|	(351)
(6) A police officer questioned or warned me because of my drinking	1	2	|_|_|_|	(355)
(7) I have lost a job or nearly lost one because of my drinking	1	2	|_|_|_|	(359)
(8) I have had hallucinations (thought I saw things that weren't really there or had vague fears) because of my drinking	1	2	|_|_|_|	(363)
(9) I felt that my drinking was becoming a serious threat to my physical health	1	2	|_|_|_|	(367)
(10) I have been arrested for being drunk	1	2	|_|_|_|	(371)
(11) I was afraid I might be an alcoholic	1	2	|_|_|_|	(375)
(12) I have had severe hangovers	1	2	|_|_|_|	(379)

[THESE ITEMS CONTINUE ONTO THE NEXT PAGE]

	a. Has this happened during the past six months?		b. IF YES, How many times has this happened during the past six months?	
	NO	YES	EXACT NUMBER	
(13) I have experienced dry heaves	1	2		(383)
(14) I have been arrested for driving after drinking	1	2		(387)
(15) Friends have indicated that I should cut down on drinking	1	2		(391)
(16) I have gotten into several arguments with my spouse (partner) about my drinking	1	2		(395)
(17) A physician suggested I cut down on drinking	1	2		(399)
(18) I had an illness connected with drinking, which kept me from my regular job for a week or so	1	2		(403)
(19) My spouse (partner) has threatened to leave me because of my drinking	1	2		(407)
(20) My spouse (partner) left me because of my drinking	1	2		(411)
(21) My drinking contributed to getting involved in an accident in which someone else was hurt or property (such as an auto) was damaged................................	1	2		(415)
(22) I sometimes kept drinking after I had promised myself not to	1	2		(419)
(23) My drinking contributed to getting hurt in an accident (in a car, boat, airplane, or elsewhere)	1	2		(423)
(24) My hand shook a lot the morning after drinking	1	2		(427)
(25) I have tossed down several drinks pretty fast to get a quicker effect from them	1	2		(431)
(26) Once I started drinking, it was difficult for me to stop before I became completely intoxicated	1	2		(435)
(27) I deliberately tried to cut down or quit drinking but was unable to do so	1	2		(439)

[THESE ITEMS CONTINUE ONTO THE NEXT PAGE]

	a. Has this happened during the past six months?		b. IF YES, How many times has this happened during the past six months?	
	NO	YES	EXACT NUMBER	
(28) I stayed intoxicated for several days at a time	1	2	└─┴─┴─┘	(443)
(29) Drinking led to my quitting a job	1	2	└─┴─┴─┘	(447)
(30) Drinking may have hurt my chances for promotions, raises, or better jobs	1	2	└─┴─┴─┘	(451)
(31) People at work have indicated that I should cut down on drinking	1	2	└─┴─┴─┘	(455)
(32) My drinking was involved in losing a friend or drifting apart from a friend	1	2	└─┴─┴─┘	(459)
(33) I have stayed away from work or gone to work late because of a hangover	1	2	└─┴─┴─┘	(463)
(34) I have gotten high or tight while on the job	1	2 [GO TO COL. b]	└─┴─┴─┘	(467)

76. Have you used any of the following substances during the past six months, that is, since __________ ? [SHOW RESPONDENT CARD 20; READ LIST]
MONTH

	(1) [READ DOWN LIST FIRST]		(2) IF YES, How often?						(3) Was it medically prescribed?		
	NO	YES	Every day or nearly every day	3-4 times a week	1-2 times a week	1-3 times a month	3-5 times during the past six months	1-2 times during the past six months	NO	YES	
a. Uppers: Speed, amphetamines, cocaine, etc.	1	2	1	2	3	4	5	6	1	2	(470)
b. Downers: Tranquilizers, barbiturates, Quaaludes, Librium, Valium, etc.	1	2	1	2	3	4	5	6	1	2	(473)
c. Opiates: Heroin, morphine, codeine, opium, methadone, etc.	1	2	1	2	3	4	5	6	1	2	(476)

[THESE ITEMS CONTINUE ONTO THE NEXT PAGE]

	(1) [READ DOWN LIST FIRST]		(2) IF YES, How often?						(3) Was it medically prescribed?		
	NO	YES	Every day or nearly every day	3-4 times a week	1-2 times a week	1-3 times a month	3-5 times during the past six months	1-2 times during the past six months	NO	YES	
d. **Marijuana**: Hash, THC, grass, etc.	1	2	1	2	3	4	5	6	1	2	(479)
e. **Hallucinogens**: LSD, mescaline, psilocybin, PCP or angel dust, etc.	1	2	1	2	3	4	5	6	1	2	(482)
f. **Other Mood Changing Drugs**, specify: ________ ________ ________	1	2	1	2	3	4	5	6	1	2	(485)

77. Have you attempted suicide during the past six months?

NO 1 (486)
YES 2

78. Tell me how much you agree or disagree with each of the following statements. [READ EACH STATEMENT; SHOW RESPONDENT CARD 21; READ RESPONSES]

		Strongly Agree	Agree	Disagree	Strongly Disagree	
a.	Not drinking is just a matter of deciding I no longer want to drink	1	2	3	4	(487)
b.	I can overcome my urge to drink	1	2	3	4	
c.	In the long run, I am responsible for my drinking problems	1	2	3	4	
d.	I have control over my drinking behavior	1	2	3	4	
e.	I feel completely helpless when it comes to resisting a drink	1	2	3	4	
f.	If I make up my mind, I can stop drinking	1	2	3	4	(492)

79. Do you feel you have ever been a problem drinker?

NO 1 (493)
YES 2

IF YES, ASK:

80. At what age did you become a problem drinker? AGE └─┴─┘ (495)

81. Are you a problem drinker now?

NO 1 (496)
YES 2

82. Do you feel you have ever been an alcoholic?

NO 1
YES 2 (497)

IF YES, ASK:

83. At what age did you become an alcoholic? AGE └─┴─┘ (499)

84. Are you an alcoholic now?

NO 1
YES 2 (500)

85. Do you now feel that your drinking has had a harmful effect on you in any of the following areas? [READ LIST; CIRCLE ONE FOR EACH ROW]

How about:	NO	YES	N/A	
a. Your friendship and social life?	1	2	3	(501)
b. Your home life?	1	2	3	
c. Your relationship with your children? .	1	2	3	
d. Your job or job opportunities?	1	2	3	
e. The place you live?	1	2	3	
f. Your money or finances?	1	2	3	
g. Your outlook on life?	1	2	3	
i. Your subsistence activities?	1	2	3	(508)

86. IF CLIENT TERMINATED TREATMENT, ASK: I understand you left treatment on your own accord. Why did you leave? [RECORD VERBATIM GIST] ____________________

____

____

└─┴─┘ (510)
[OFFICE CODE]

87. What has been your treatment goal during the past six months? [RECORD VERBATIM GIST]

____

____

____

[OFFICE CODE] (512)

88. Did you reach your goal?

NO 1 (513)
YES 2

89. IF NO, Why not? [RECORD VERBATIM GIST] ______________________

____

____

[OFFICE CODE] (515)

90. Choose one of these categories to predict your drinking six months from now. [SHOW RESPONDENT CARD 22; READ RESPONSES]

Not drinking at all 1
Rarely drinking 2
Social/Moderate drinking 3 (516)
Heavy drinking 4
Problem drinking 5
Alcoholic drinking 6

91. How capable do you now feel to deal with your drinking problem? Would you say that you feel: [SHOW RESPONDENT CARD 23]

Not at all capable? 1
Somewhat capable? 2 (517)
Capable? 3
Very capable? 4

92. Do you think there are some people who are so sensitive to alcohol that they can't stop drinking after just one or two drinks?

NO 1
YES 2 (518)

93. Do you think that alcoholism is a disease from which a person can never completely recover?

NO 1
YES 2 (519)

94. Do you think that a person who was once an alcoholic will always be an alcoholic?

NO 1
YES 2 (520)

95. Do you think that an alcoholic can ever go back to moderate (social, not problem) drinking and not start drinking too much?

NO 1
YES 2 (521)

96. Are you currently on parole, probation, or SIS (suspended imposition of sentencing)? ☐ [RELEASE]

NO 1
YES 2 (522)

97. IF YES, What is the name of your probation (or parole) officer?

______________________________ ☐ [RELEASE]

98. FIRST, ASK THE ENTIRE SERIES, INQUIRING WHETHER THE EVENTS HAVE OCCURRED IN THE PAST SIX MONTHS. GO BACK OVER THE LIST AND, FOR EACH REPORTED EVENT, ASK "HOW MANY TIMES HAS THIS HAPPENED IN THE PAST SIX MONTHS?," ETC.

Here is a list of some common events that many people have experienced. As I read each event, please tell me if this has happened to you during the past six months, that is, since __________.
MONTH

How about... [READ EACH EVENT]	(1) Did this happen during the past six months? NO	YES	IF YES TO (1), THEN ASK (2) AND (3) (2) How many times did this happen during the past six months?	(3) How many of these times had you been drinking?	
a. Boating accidents	1	2	|_|_|	|_|_|	(527)
b. Airplane accidents	1	2	|_|_|	|_|_|	(532)
c. Automobile accidents	1	2	|_|_|	|_|_|	(537)
d. Fire accidents	1	2	|_|_|	|_|_|	(542)
e. Home accidents	1	2	|_|_|	|_|_|	(547)
f. On the job accidents	1	2	|_|_|	|_|_|	(552)

	⇩		IF YES TO (1), THEN ASK (2) AND (3) ---→		
How about... [READ EACH EVENT]	(1) Did this happen during the past six months? NO	YES	(2) How many times did this happen during the past six months?	(3) How many of these times had you been drinking?	
g. Other accidents, specify: ______ ______	1	2	└┴┘	└┴┘	(557)
h. ______	1	2	└┴┘	└┴┘	(562)
i. Family disputes	1	2	└┴┘	└┴┘	(567)
j. Complaints of child abuse/neglect	1	2	└┴┘	└┴┘	(572)
k. Other complaints from neighbors	1	2	└┴┘	└┴┘	(577)
l. Arguments over belongings	1	2	└┴┘	└┴┘	(582)

99. Here is a list of types of public agencies. As I read each type of agency, tell me if you have had contact with any such agency to deal with your problems during the past six months, that is, since __________? [RECORD CONTACTS WITH ALCOHOL TREATMENT AGENCIES IN ITEM 114] MONTH

	⇩		IF YES TO (1), ASK: ---→		
READ LIST OF ALL EVENTS FIRST TYPES OF AGENCIES	(1) CONTACT DURING PAST SIX MONTHS? NO	YES	(2) How many times during the past six months?	(3) How many of these times had you been drinking?	
a. Hospital emergency room	1	2	└┴┘	└┴┘	(587)
b. Rescue services/crisis services	1	2	└┴┘	└┴┘	(592)
c. Health agencies, such as hospital outpatient services, clinics, health aides, public health nurse, eye/dental clinic, etc. ..	1	2	└┴┘	└┴┘	(597)

	READ LIST OF ALL EVENTS FIRST TYPES OF AGENCIES	(1) CONTACT DURING PAST SIX MONTHS?		IF YES TO (1), ASK:		
		NO	YES	(2) How many times during the past six months?	(3) How many of these times had you been drinking?	
d.	Public assistance agencies for food stamps, AFDC, SSI, etc.	1	2	☐☐	☐☐	(602)
e.	Mental health agencies, such as community mental health centers, API, etc.	1	2	☐☐	☐☐	(607)
f.	Women's shelters	1	2	☐☐	☐☐	(612)
g.	Job service agencies (job finding or training)	1	2	☐☐	☐☐	(617)
h.	Criminal court--Supreme, Appeals, Superior, District, or Magistrate Court	1	2	☐☐	☐☐	(622)
i.	Small claims court	1	2	☐☐	☐☐	(627)
j.	Family/children's court	1	2	☐☐	☐☐	(632)
k.	Divorce court	1	2	☐☐	☐☐	(637)

100. I am going to read a list of various categories of criminal offenses. Please tell me how many times you have been arrested for offenses in each category in the past *six* *months*. [READ LIST] ☐ [RELEASE]

a. DWI/OMVI (Drunk driving) .... ☐☐ (639)

b. Reckless or careless driving, leaving the scene of an accident, driving without a valid license .... ☐☐ (641)

c. Other misdemeanor offenses such as disorderly conduct, vagrancy, simple assault, assault and battery, drinking in public, etc. ... ☐☐ (643)

d. Violent crimes, such as homicide, rape, aggravated assault, assault with a deadly weapon, robbery, etc. .... ☐☐ (645)

e. Felony property crimes such as auto theft, larceny, burglary, sale of narcotic drugs, etc. .... ☐☐ (647)

101. Has your driver's licence been revoked, suspended, or restricted in the past six months? [PROBE FOR REASON]

NO	1	
NO, NEVER HAD A LICENSE	2	
YES, NOT RELATED TO DRINKING	3	(648)
YES, RELATED TO DRINKING	4	

102. I'm going to ask you a series of questions about your friends--people you see often, like to be around, like to do things with and who feel the same way about you. You may include people who live with you or relatives. [SHOW RESPONDENT CARD 24; READ LIST]

	Almost All	Many	Some	Few or None	
a. How many of these friends do not drink at all at the present time?	1	2	3	4	(649)
b. How many of these friends are heavy drinkers at the present time?	1	2	3	4	
c. How many of these friends would you say are recovered or recovering alcoholics at the present time?	1	2	3	4	
d. How many of these friends think it is all right to get drunk regularly?	1	2	3	4	
e. How many of these friends would you say disapprove of heavy drinking?	1	2	3	4	
f. How many of these friends do you think would offer you a drink even if they knew you were trying to quit?	1	2	3	4	
g. How many of these friends avoid you when you are not drinking?	1	2	3	4	
h. How many of these friends would want you to seek treatment if you were having a problem with drinking?	1	2	3	4	
i. How many of these friends would be against your getting some treatment if you were having a problem with drinking?	1	2	3	4	(657)

[THESE ITEMS CONTINUE ONTO THE NEXT PAGE]

	Almost All	Many	Some	Few or None	
j. How many of these friends would be "pulling for you" if you were trying to cut down on or quit drinking?	1	2	3	4	(658)
k. How many of these friends expect you to drink with them?	1	2	3	4	
l. How many of these friends try to cheer you up if you need it?	1	2	3	4	
m. How many of these friends can you count on if you need help?	1	2	3	4	
n. How many of these friends really care about you?	1	2	3	4	
o. How many of these friends could you go to for some advice about an important decision you were trying to make?	1	2	3	4	
p. How many of these friends can you talk to about anything that is on your mind?	1	2	3	4	(664)

103. How many friends did you have in mind when you were answering these questions?

NUMBER |__|__| (666)

104. How many of these friends are Alaskan Natives?

NUMBER |__|__| (668)

105. How many of your friends mentioned above know or speak any languages other than English?

NUMBER |__|__| (670)

106. With whom did you live during the past six months (that is, since __________)?
MONTH

How are they related to you? [LIST RELATIONSHIP OF ALL PERSONS LIVING WITH RESPONDENT; THEN, FOR EACH PERSON, ASK: HOW MANY MONTHS HAS HE/SHE LIVED WITH YOU DURING THE PAST SIX MONTHS?, ETC.]

			-------→	-------→		(4) How would you describe his/her drinking pattern during the past six months? [SHOW RESPONDENT CARD 25; READ LIST]							
(1)	RELATIONSHIP OF PERSONS LIVING WITH RESPONDENT	CODE*	(2) How many months has he/she lived with you during the past six months ?	(3) Is he/she currently living with you? NO	YES	Never drinks	Rarely drinking	Social/moderate drinking	Heavy drinking	Problem drinking	Alcoholic drinking	Recovering alcoholic	
a.	____________________	└┴┘	└┘	1	2	1	2	3	4	5	6	7	(675)
b.	____________________	└┴┘	└┘	1	2	1	2	3	4	5	6	7	
c.	____________________	└┴┘	└┘	1	2	1	2	3	4	5	6	7	
d.	____________________	└┴┘	└┘	1	2	1	2	3	4	5	6	7	
e.	____________________	└┴┘	└┘	1	2	1	2	3	4	5	6	7	
f.	____________________	└┴┘	└┘	1	2	1	2	3	4	5	6	7	
g.	____________________	└┴┘	└┘	1	2	1	2	3	4	5	6	7	
h.	____________________	└┴┘	└┘	1	2	1	2	3	4	5	6	7	(710)

RELATIONSHIP CODES	
SPOUSE	01
COMMON-LAW SPOUSE..................	02
STEPPARENT	03
CHILDREN	04
SIBLING	05
MOTHER	06
FATHER	07
OTHER RELATIVE/GRANDMOTHER	10
GIRLFRIEND/BOYFRIEND	11
OTHER FRIEND	12
EMPLOYER	13
FOSTER PARENT(S)	14

---

* CODE USING RELATIONSHIP CODES AFTER INTERVIEW IS COMPLETED.

107. Name the clubs and organizations to which you belong, then tell me whether a language other than English is spoken there and how frequently you attend. [PROBE FOR NATIVE ORGANIZATIONS, VILLAGE CORPORATIONS, CHURCH GROUPS, UNIONS, PTAs, BOWLING TEAMS, CIVIC ASSOCIATIONS, MEMBERSHIP GROUPS, ETC.; SHOW RESPONDENT CARD 26; READ LIST]

	(1) CLUBS AND ORGANIZATIONS	(2) LANGUAGE OTHER THAN ENGLISH SPOKEN		(3) ATTENDS				
		NO	YES	Never	Rarely	Sometimes	Frequently	
a.	____________	1	2	1	2	3	4	(712)
b.	____________	1	2	1	2	3	4	
c.	____________	1	2	1	2	3	4	
d.	____________	1	2	1	2	3	4	
e.	____________	1	2	1	2	3	4	(720)

108. [INTERVIEWER CODE] TOTAL NUMBER OF CLUBS AND ORGANIZATIONS ..... TOTAL NUMBER ☐ (721)

109. READ EACH ITEM. ASK, "DID THIS HAPPEN TO YOU DURING THE PAST SIX MONTHS?" IF YES, IMMEDIATELY ASK QUESTION (b), SHOW RESPONDENT CARD 27, AND READ RESPONSES. IF NO, READ NEXT ITEM.

Here is a list of events that may happen to anyone. As I read each one, tell me if it has happened to you during the past six months?

	Did this happen to you during the past six months? [FOR SUBSEQUENT ITEMS] How about...	(a) During the past six months?		IF YES TO (a), THEN ASK (b) (b) How stressful was it?				
		NO	YES	Very	Somewhat	A Little	Not At All	
01	Moved to a new residence	1	2	1	2	3	4	(723)
02	Graduated from school or training program	1	2	1	2	3	4	
03	Lost something of sentimental value	1	2	1	2	3	4	
04	Death of a close friend	1	2	1	2	3	4	
05	Trouble with friends or neighbors	1	2	1	2	3	4	
06	Engagement	1	2	1	2	3	4	(733)

[THESE ITEMS CONTINUE ONTO THE NEXT PAGE]

⇨ IF YES TO (a), THEN ASK (b)

	Did this happen to you during the past six months? [FOR SUBSEQUENT ITEMS] How about...	(a) During the past six months?		(b) How stressful was it?				
		NO	YES	Very	Some-what	A Little	Not At All	
07	Marriage	1	2	1	2	3	4	(735)
08	Marriage problems	1	2	1	2	3	4	
09	Separation/breakup of an important relationship	1	2	1	2	3	4	
10	Marital reconciliation	1	2	1	2	3	4	(741)
11	Divorce	1	2	1	2	3	4	
12	Birth of a child in your immediate family	1	2	1	2	3	4	
13	Trouble with in-laws	1	2	1	2	3	4	(747)
14	Your own serious illness or injury	1	2	1	2	3	4	
15	Serious problems, illness, or injury of family member	1	2	1	2	3	4	
16	Death of spouse	1	2	1	2	3	4	(753)
17	Death of immediate family member (other than spouse)	1	2	1	2	3	4	
18	Trouble with superiors at work ...	1	2	1	2	3	4	
19	Laid off or fired from a job	1	2	1	2	3	4	(759)
20	Unemployed for a month or more ...	1	2	1	2	3	4	
21	Greatly increased work load	1	2	1	2	3	4	
22	Promotion at work	1	2	1	2	3	4	(765)
23	Took a better (new) job	1	2	1	2	3	4	
24	Income increased substantially ...	1	2	1	2	3	4	
25	Income decreased substantially ...	1	2	1	2	3	4	(771)
26	Went deeply into debt	1	2	1	2	3	4	
27	Your child entered a new school ..	1	2	1	2	3	4	
28	Your child left home (e.g., for school, military service)	1	2	1	2	3	4	(777)
29	Your child came home after a long absence	1	2	1	2	3	4	(779)

[THESE ITEMS CONTINUE ONTO THE NEXT PAGE]

	Did this happen to you during the past six months? [FOR SUBSEQUENT ITEMS] How about...	(a) During the past six months? NO	YES	IF YES TO (a), THEN ASK (b) (b) How stressful was it? Very	Some-what	A Little	Not At All	
30	Other relative moved into household	1	2	1	2	3	4	(781)
31	Legal problems	1	2	1	2	3	4	
32	Assaulted or robbed	1	2	1	2	3	4	(785)

110. We are interested in how people deal with these stressful life events. Please pick the most important event from those you previously indicated. If none of these events has come up, select another event that you have had to deal with during the past six months. [PROBE: DETERMINE THE MOST IMPORTANT/STRESSFUL EVENT; DO NOT INCLUDE DRINKING OR DRUG-RELATED EVENTS]

(1) THE NAME OF THIS EVENT ________________________________ |_|_| (787)

CODE EVENT, USING CODES IN THE PRECEDING QUESTION. CODE 33 FOR ANOTHER PROBLEM.

(2) As I read each statement, tell me if you did this when [ABOVE EVENT] happened.

		NO	YES	
a.	Tried to find out more about the situation	1	2	(788)
b.	Talked with spouse or other relative about the problem	1	2	
c.	Talked with a friend about the problem	1	2	
d.	Talked with a professional person, e.g., doctor, lawyer, clergy, social worker, psychiatrist, marriage counselor	1	2	
e.	Prayed for guidance and/or strength	1	2	
f.	Prepared for the worst	1	2	
g.	Tried not to worry about it; figured everything would probably work out fine	1	2	
h.	Sometimes took it out on other people when I felt angry or depressed	1	2	
i.	Tried to see the positive side of the situation	1	2	
j.	Got busy with other things to keep my mind off the problem	1	2	
k.	Took some positive action	1	2	
l.	Considered several alternatives for handling the problem	1	2	(799)

[THESE ITEMS CONTINUE ONTO THE NEXT PAGE]

		NO	YES	
m.	Tried to reduce the tension by:			
	(1) Drinking more	1	2	(800)
	(2) Eating more	1	2	
	(3) Smoking more tobacco	1	2	
	(4) Exercising more	1	2	
	(5) Increasing drug use	1	2	
n.	Drew on my past experiences; I was in a similar situation before	1	2	
o.	Kept my feelings to myself	1	2	
p.	Took things a day at a time, one step at a time	1	2	
q.	Tried to step back from the situation and be more objective	1	2	(808)

111. Sometimes, when people have problems, they turn to certain people for help. Have you gone to any of the people on this list for advice or help with marriage, family problems, drinking problems, or other personal problems during the past six months? [READ LIST; CIRCLE ONE FOR EACH ROW]

How about?

		NO	YES	
a.	Minister, priest, rabbi, or other spiritual counselor	1	2	(809)
b.	Marriage or family counselor	1	2	
c.	Medical doctor (not a psychiatrist)	1	2	
d.	Psychiatrist or psychologist, mental health worker, clinic, social worker	1	2	(812)
e.	Police, trooper, probation officer, or magistrate	1	2	
f.	Self-help or sensitivity group (not AA)	1	2	
g.	Lawyer, district attorney, public defender, legal services	1	2	(815)
h.	Your employer, supervisor	1	2	
i.	Other, specify: ______________________________	1	2	

112. During the past six months, that is, since __________, have you attended any Alcoholics Anonymous meetings?
MONTH

NO 1
YES 2 (818)

113. IF YES, ASK: How many meetings have you attended during the past six months?

NUMBER └─┴─┘ (820)

114. During the past six months, that is, since ________ (MONTH), have you received any formal alcoholism treatment services (other than AA)?

NO 1
YES 2 (821)

115. IF YES, ASK THE QUESTIONS BELOW. PROBE FOR MULTIPLE OCCURRENCES AND LIST EACH TREATMENT EPISODE SEPARATELY.

(1) Where was it?	(2) What type of treatment did you receive?									(3) How long were you in treatment?	(4) Did you complete the program?		
	Emergency Service Patrol	Detoxification	Inpatient/Short-term intermediate care	Long-term intermediate care (halfway house, etc.)	Outpatient	Aftercare	Follow-Up	Antabuse		NUMBER OF DAYS			
								NO	YES		NO	YES	
a. ____________	1	2	3	4	5	6	7	1	2	└┴┴┘	1	2	(827) ☐
b. ____________	1	2	3	4	5	6	7	1	2	└┴┴┘	1	2	(833) ☐
c. ____________	1	2	3	4	5	6	7	1	2	└┴┴┘	1	2	(839) ☐
d. ____________	1	2	3	4	5	6	7	1	2	└┴┴┘	1	2	(845) ☐
e. ____________	1	2	3	4	5	6	7	1	2	└┴┴┘	1	2	(851) ☐
f. ____________	1	2	3	4	5	6	7	1	2	└┴┴┘	1	2	(857) ☐
g. ____________	1	2	3	4	5	6	7	1	2	└┴┴┘	1	2	(863) ☐ [RELEASE]

TOTAL NUMBER OF DIFFERENT EPISODES └┘ (864)

116. During the past six months, that is, since ________, have you stayed
MONTH
overnight in a hospital, nursing home, or other medical facility? [EXCLUDE SPECIFIC TREATMENT FOR ALCOHOLISM, WHICH SHOULD BE RECORDED ABOVE]

NO 1
YES 2 (865)

117. IF YES, ASK THE QUESTIONS BELOW. PROBE FOR MULTIPLE OCCURRENCES AND LIST EACH EPISODE SEPARATELY.

	(1) Where?	(2) For how many nights?	(3) Was it alcohol-related? NO	YES	
a.	______________	└┴┘	1	2	(868) ☐
b.	______________	└┴┘	1	2	(871) ☐
c.	______________	└┴┘	1	2	(874) ☐
d.	______________	└┴┘	1	2	(877) ☐
e.	______________	└┴┘	1	2	(880) ☐

[RELEASE]

TOTAL NUMBER OF DIFFERENT EPISODES └┘ (881)

118. Have you participated in the Defensive Drivers Courses in Alaska during the past six months? [PROBE FOR TRAFFIC VIOLATIONS]

NO 1
YES 2 (882)

119. Have you attended the Alcohol Information School (AIS, DAIS) in Alaska during the past six months?

NO 1
YES 2 (883)

120. Do you have any comments you'd like to add or state about your treatment and/or this study? [RECORD VERBATIM GIST]

____

____

└┴┘ (885)
[OFFICE CODE]

CLOSING STATEMENT

[FLIP THROUGH INSTRUMENT TO BE SURE IT IS COMPLETE]

We are grateful for your participation in the study and would like you to accept this $10 payment for your participation. [GIVE SUBJECT $10; HAVE HIM/HER SIGN RECEIPT BOOK] Your cooperation has been important and I especially want to thank you for taking the time to talk with me today.

TIME ENDED: └┴┘ : └┴┘ ([illegible])
HOUR MINUTE

AM .... 1 ([illegible])
PM 2

BEST COPY AVAILABLE

INTERVIEWER'S ASSESSMENT OF INTERVIEW

[TO BE COMPLETED IMMEDIATELY AFTER THE INTERVIEW,
NOT IN THE PRESENCE OF THE RESPONDENT]

121. Where was the interview completed (i.e., in respondent's home, at program, etc.)?

____

122. Were there any problems created by interviewing the respondent in this location?

NO 1
YES 2 (891)

123. IF YES, Explain ________________________________

124. Were there any interruptions; i.e., was the interview interrupted by parents, friends, etc.?

NO 1
YES 2 (892)

125. IF YES, Who, and what effect do you feel it had on the interview? ________

126. Did the respondent seem open and honest in his/her responses; i.e., did he/she pay attention and take it seriously?

NO 1
YES 2 (893)

127. IF NO, Explain ________________________________

128. Did he/she object to answering any of the questions?

NO 1
YES 2 (894)

129. IF YES, Which questions? ______________________________

____

130. Did he/she have trouble understanding any of the questions?

NO 1
YES 2 (895)

131. IF YES, Which questions? ______________________________

____

132. Was the respondent cooperative?

NO 1
YES 2 (896)

133. IF NO, Explain ______________________________

____

134. Did the client drink alcoholic beverages during the interview?

NO 1
YES 2 (897)

135. Additional Comments For Office Coding: ______________________________

____

____

____

____

____

____

____

____

DRINKING-RELATED LOCUS OF CONTROL SCALE

Authors: M. Keyson and L. Janda

Assessment Areas Covered: Attitudes, beliefs, expectations, behavioral aspects of drinking, interpersonal relations, negative moods, decision to drink/not drink, prognosis

Administration: Self-administered (10 minutes), no handwriting required, at screening

Design Features: 25 items, forced-choice format

Abstract: The concept of locus of control refers to the degree to which an individual perceives rewards or reinforcement as resulting from his or her own behavior. As described by Donovan and O'Leary, the Drinking-Related Locus of Control Scale (DRIE), "originally constructed by Keyson and Janda (1972), attempts to translate generalized expectancies of locus of control into a measure of expectancies dealing more specifically with drinking-related behavior (Oziel and Obitz 1975). The method of assessment and format of the DRIE parallels that employed in Rotter's (1966) locus of control scale. It consists of 25 items in a forced-choice format. In each item, an internally oriented response alternative is paired with an external alternative, each of which focuses on the same drinking-related topic. The subject chooses the alternative that more closely represents his or her belief or behavior. The scale is scored in the external direction, with higher scores reflecting less perceived control over drinking (i.e., more external)."

Donovan and O'Leary (1978) investigated the reliability and validity of the scale. The internal consistency of the scale was relatively high (.77). Factor analysis revealed three significant factors with theoretical meaningfulness: interpersonal, intrapersonal, and general.

Concurrent validation revealed that the DRIE was unrelated to education or cognitive function. It had low order relations in the expected direction with other measures of generalized locus of control. It was more highly correlated to measures of depression and psychopathology than was Rotter's locus of control scale.

The construct validity of the DRIE was evidenced by its relationship to measures of drinking behavior as assessed by the Alcohol Use Inventory; Rotter's locus of control was not related to these measures. Finally, the DRIE has significantly discriminated between alcoholic and nonalcoholic subjects.

Related Published Reports:

Donovan, D.M., and O'Leary, M.R. Control orientation, drinking behavior, and alcoholism. In: Lefcourt, H., ed. Research With the Locus of Control Construct. Vol. 2. Developments and Social Problems. New York: Academic Press, 1983. Pp. 107-153.[1]

Donovan, D.M., and O'Leary, M.R. The drinking-related locus of control scale: Reliability, factor structure and validity. Journal of Studies on Alcohol, 39:759-784, 1978.

Keyson, M., and Janda, L. "Untitled Locus of Drinking Control Scale." St. Luke's Hospital, Phoenix, Ariz., unpublished.

---

[1] Refer to volume 1 in this series, Summaries of Alcoholism Treatment Assessment Research, for a further discussion of this article.

Obitz, F.W. Control orientation and disulfiram. *Journal of Studies on Alcohol*, 39:1297-1298, 1978.

Obitz, F.W., and Cantergiani, N. Control orientation in male halfway house members. *Journal of Studies on Alcohol*, 40:499-501, 1979.

Obitz, F.W., and Swanson, M.K. Control orientation in women alcoholics. *Journal of Studies on Alcohol*, 37:694-697, 1976.

Oziel, L.J., and Obitz, F.W. Control orientation in alcoholics related to extent of treatment. *Journal of Studies on Alcohol*, 36:158-161, 1975.

Oziel, L.J.; Obitz, F.W.; and Keyson, M. General and specific perceived locus of control in alcoholics. *Psychological Reports*, 30:957-958, 1972.

O'Leary, M.R.; Donovan, D.M.; Freeman, C.W.; and Chaney, E.F. Relationship between psychopathology, experienced control and perceived locus of control: In search of alcoholic subtypes. *Journal of Clinical Psychology*, 32:899-904, 1976.

O'Leary, M.R.; Donovan, D.M.; and Hague, W.H. Relationships between locus of control and MMPI scales among alcoholics: A replication and extension. *Journal of Clinical Psychology*, 30:312-314, 1974.

Rotter, J.B. Generalized expectancies for internal versus external control of reinforcement. *Psychological Monographs*, 80(1, whole no. 609), 1966.

Rotter, J.B. Some problems and misconceptions related to the construct of internal versus external control of reinforcement. *Journal of Consulting and Clinical Psychology*, 43:56-67, 1975.

Wallston, K.A., and Wallston, B.S. Development of the Multidimensional Health Locus of Control (MHLC) scales. *Health Education Monographs*, 6(2):160-170, 1978.

Availability Source: Microfiche Publications, 214-13 Jamaica Avenue, Queens Village, New York 11420. Request NAPS Document No. 02504, ASIS/NAPS, by Oziel and Obitz.

INSTRUCTIONS FOR THE DRIE SCALE

These are questions to find out the way in which certain important events in our society affect different people. Each item consists of a pair of alternatives lettered a or b. Please select the one statement of each pair (and only one) which you more strongly believe to be the case as far as you are conconcerned. Be sure to select the one you actually believe to be more true rather than the one you would like to be true. This is a measure of personal belief: obviously there are no right or wrong answers.

Please answer these items carefully but do not spend too much time on any one item. Be sure to find an answer for every choice. Find the number of the item and circle either letter a or b, which ever one you choose to be the one more true.

In some instances you may discover that you believe both statements or neither one. In such cases, be sure to select the one you more strongly believe to be the case as far as you're concerned. Also try to respond to each item independently when making your choice; do not be influenced by your previous choices. Please begin.

DRINKING RELATED I-E SCALE

1. a. One of the major reasons why people drink is because they cannot handle their problems.
   b. People drink because circumstances force them to.

2. a. The idea that men or women are driven to drink by their spouses is nonsense.
   b. Most people do not realize that drinking problems are influenced by accidental happenings.

3. a. I feel so helpless in some situations that I need a drink.
   b. Abstinence is just a matter of deciding that I no longer want to drink.

4. a. I have the strength to withstand pressures at work.
   b. Trouble at work or home drives me to drink.

5. a. Without the right breaks one cannot stay sober.
   b. Alcoholics who are not successful in curbing their drinking often have not taken advantage of help that is available.

6. a. There is no such things as an irresistable temptation to drink.
   b. Many times there are circumstances that force you to drink.

7. a. I get so upset over small arguments, that they cause me to drink.
   b. I can usually handle arguments without taking a drink.

8. a. Successfully licking alcoholism is a matter of hard work, luck has little to do with it.
   b. Staying sober depends mainly on things going right for you.

9. a. When I see a bottle, I cannot resist taking a drink.
   b. It is no more difficult for me to resist drinking when I am near a bottle than when I am not.

10. a. The average person has an influence on whether he drinks or not.
    b. Oftentimes, other people drive one to drink.

11. a. When I am at a party where others are drinking, I can avoid taking a drink.
    b. It is impossible for me to resist drinking if I am at a party where others are drinking.

12. a. Those who are successful in quitting drinking are the ones who are just plain lucky.
    b. Quitting drinking depends upon lots of effort and hard work (luck has little or nothing to do with it.)

13. a. I feel powerless to prevent myself from drinking when I am anxious or unhappy.
    b. If I really wanted to, I could stop drinking.

14. a. It is easy for me to have a good time when I am sober.
    b. I cannot feel good unless I am drinking.

15. a. As far as drinking is concerned, most of us are victims of forces we can neither understand or control.
    b. By taking an active part in our treatment programs, we can control our drinking.

16. a. I have control over my drinking behavior.
    b. I feel completely helpless when it comes to resisting a drink.

17. a. If people want to badly enough, they can change their drinking behavior.
    b. It is impossible for some people to ever stop drinking.

18. a. With enough effort we can lick our drinking.
    b. It is difficult for alcoholics to have much control over their drinking.

19. a. If someone offers me a drink, I cannot refuse him.
    b. I have the strength to refuse a drink.

20. a. Sometimes I cannot understand how people can control their drinking.
    b. There is a direct connection between how hard people try and how successful they are in stopping their drinking.

21. a. I can overcome my urge to drink.
    b. Once I start to drink I can't stop.

22. a. Drink isn't necessary in order to solve my problems.
    b. I just cannot handle my problems unless I take a drink first.

23. a. Most of the time I can't understand why I continue drinking.
    b. In the long run, I am responsible for my drinking problems.

24. a. If I make up my mind, I can stop drinking.
    b. I have no will power when it comes to drinking.

25. a. Drinking is my favorite form of entertainment.
    b. It wouldn't bother me if I could never have another drink.

Scoring of the DRIE

I - E Answer Sheet

External Options are underlined

1. a *b*
2. a *b*
3. *a* b
4. a *b*
5. *a* b
6. a *b*
7. *a* b
8. a *b*
9. *a* b
10. a *b*
11. a *b*
12. *a* b
13. *a* b
14. a *b*
15. *a* b
16. a *b*
17. a *b*
18. a *b*
19. *a* b
20. *a* b
21. a *b*
22. a *b*
23. *a* b
24. a *b*
25. *a* b

The DRIE is scored in the *External* direction by summing the number of external response options endorsed.

Total Score

Sum of external items endorsed across the entire scale.

Factor 1 Intrapersonal Factor

Sum of external endorsements on items #9, 11, 13, 14, 16, 17, + 25.

Factor 2 - Interpersonal Factor

Sum of external endorsements on items #3, 4, 6, 7, 10, 22, +23

Factor 3 - General Control Factor

Sum of external endorsements on items # 5, 8, + 20.

MacANDREW ALCOHOLISM SCALE

Author: Craig MacAndrew

Assessment Areas Covered: Diagnosis, prognosis, personality factors, MMPI

Administration: Self-administered (30 to 90 minutes), at screening and followup

Design Features: 49 true/false items, can be hand scored in 2 to 3 minutes

Abstract: This widely used scale is constructed of items from the Minnesota Multiphasic Personality Inventory (MMPI). It was developed by MacAndrew as the outcome of his studies of the responses of 300 male alcoholic outpatients and 300 nonalcoholic male psychiatric outpatients from the same urban treatment clinic.

The MacAndrew Scale is used as a diagnostic tool to determine the presence and severity of alcoholism. A high score is indicative of alcoholism and a low score of nonexcessive drinking. A cutoff score of 24 is generally used as the threshold level, indicating the presence of an alcohol problem.

Related Published Reports:

MacAndrew, C. The differentiation of male alcoholic outpatients from nonalcoholic psychiatric outpatients by means of the MMPI. Quarterly Journal of Studies on Alcohol, 26(2):238-246, 1965.

MacAndrew, C., and Geertsma, R.H. A critique of alcoholism scales derived from the MMPI. Quarterly Journal of Studies on Alcohol, 25:68-76, 1964.

MacAndrew, C. Evidence for the presence of two fundamentally different, age-independent characterological types within unselected runs of male alcohol and drug abusers. American Journal of Drug and Alcohol Abuse, 6:207-221, 1979.

Miller, W.R. Alcoholism scales and objective assessment methods; a review. Psychological Bulletin, 83:649-674, 1976.

Apfeldorf, M. Alcoholism scales of the MMPI; contributions and future directions. International Journal of the Addictions, 13:17-53, 1978.

Rosenberg, N. MMPI alcoholism scales. Journal of Clinical Psychology, 28:515-522, 1972.

Rohan, W.P.; Tatro, R.L.; and Rotman, S.R. MMPI changes in alcoholics during hospitalization. Quarterly Journal of Studies on Alcohol, 30:389-400, 1969.

Apfeldorf, M., and Hundley, P.J. The MacAndrew Scale; a measure of the diagnosis of alcoholism. Journal of Studies on Alcohol, 42(1):80-86, 1981.

Apfeldorf, M., and Hunley, P.J. Application of MMPI alcoholism scales to older alcoholics and problem drinkers. Journal of Studies on Alcohol, 36:645-653, 1975.

Availability Source: The Scale is contained in C. MacAndrew's The differentiation of male alcoholic outpatients from nonalcoholic psychiatric outpatients by means of the MMPI. Quarterly Journal of Studies on Alcohol, 26(2):238-246, 1965.

MacANDREW ALCOHOLISM SCALE

	Item	Alcoholic Response
1.	I have had periods in which I carried on activities without knowing later what I had been doing.	T
2.	I have never been in trouble with the law.	F
3.	I have not lived the right kind of life.	T
4.	I like to cook.	T
5.	I sweat very easily even on cool days.	T
6.	My parents have often objected to the kind of people I went around with.	T
7.	I played hooky from school quite often as a youngster.	T
8.	I would like to wear expensive clothes.	T
9.	As a youngster I was suspended from school one or more times for cutting up.	T
10.	While in trains, buses, etc., I often talk to strangers.	T
11.	I pray several times every week.	T
12.	I deserve severe punishment for my sins.	T
13.	I have had blank spells in which my activities were interrupted and I did not know what was going on around me.	T
14.	I have a cough most of the time.	T
15.	I do not like to see women smoke.	F
16.	My table manners are not quite as good at home as when I am out in company.	F
17.	I have few or no pains.	T
18.	I do many things which I regret afterwards (I regret things more or more often than others seem to).	T
19.	I like to read newspaper articles on crime.	T
20.	I am worried about sex matters.	F
21.	My soul sometimes leaves my body.	T
22.	Christ performed miracles such as changing water into wine.	T
23.	I know who is responsible for most of my troubles.	T
24.	The sight of blood neither frightens me nor makes me sick.	T
25.	I cannot keep my mind on one thing.	F
26.	In school I was sometimes sent to the principal for cutting up.	T

	Item	Alcoholic Response
27.	The one to whom I was most attached and whom I most admired as a child was a woman. (Mother, sister, aunt, or other woman.)	T
28.	I have more trouble concentrating than others seem to have.	F
29.	I am a good mixer.	T
30.	I enjoy a race or game better when I bet on it.	T
31.	I enjoy gambling for small stakes.	T
32.	I frequently notice my hand shakes when I try to do something.	T
33.	Everything is turning out just like the prophets of the Bible said it would.	T
34.	If I were in trouble with several friends who were equally to blame, I would rather take the whole blame than to give them away.	T
35.	I was fond of excitement when I was young (or in childhood).	T
36.	I have at times had to be rough with people who were rude or annoying.	T
37.	If I were a reporter I would very much like to report sporting news.	T
38.	I am certainly lacking in self-confidence.	F
39.	I have frequently worked under people who seem to have things arranged so that they get credit for good work but are able to pass off mistakes onto those under them.	T
40.	I readily become one hundred per cent sold on a good idea.	T
41.	I think I would like the kind of work a forest ranger does.	T
42.	Evil spirits possess me at times.	T
43.	Many of my dreams are about sex matters.	F
44.	I liked school.	F
45.	I have been quite independent and free from family rule.	T
46.	I have often felt that strangers were looking at me critically.	F
47.	I used to keep a diary.	F
48.	I seem to make friends about as quickly as others do.	T
49.	I have never vomited blood or coughed up blood.	F

FAMILY TREE QUESTIONNAIRE FOR ASSESSING FAMILY HISTORY OF DRINKING PROBLEMS

Authors: Robert E. Mann, Linda C. Sobell, Mark B. Sobell, and D. Pavan

Assessment Areas Covered: Family drinking history, diagnosis, prognosis

Administration: Interviewer-administered, can be adapted for self-administration (1 to 10 minutes to complete), at screening and intake

Design Features: Uses graphic portrayal of family genealogical tree from subject's grandparents to subject's children. A letter code is placed in the circle representing the family member, indicating that person's drinking behavior. The chart is accompanied by a card that contains 10 types of consequences of having a drinking problem. Subjects are asked to list the consequences experienced by family members identified as having a drinking problem. There is also an in-depth questionnaire consisting of 18 completion and yes/no questions about problem-drinking relatives.

Abstract: The family tree questionnaire was developed as a fast, easily administered method for obtaining measures of drinking problems in first- and second-degree relatives. The information is used to assess whether the subject's family history should be classified as positive or negative for "drinking problems." The questionnaire was designed to allow flexibilities in the criteria used to classify relatives as problem drinkers or alcoholics. Thus, liberal criteria for classification can be used (i.e., patients' judgments about whether or not a relative has a drinking problem) or more conservative criteria can be employed (i.e., requiring the presence of one or more consequences of problem drinking), depending upon the clinician's or researcher's needs. A recent study describes the use of the questionnaire with alcohol abusers and nonproblem drinkers, and its test-retest reliability over a 2-week interval (Mann et al., in press). The questionnaire has also been adapted to a self-administered format for use with young social drinkers.

The authors described the assessment procedures for using the Family Tree Questionnaire as follows (Mann et al., in press): "Data were collected using a family tree diagram which included first-degree (siblings, parents) and second-degree (grandparents, aunts, uncles) relatives (relatives identified as adopted or adoptive, from second marriages, or who were half- or step-siblings were excluded). Subjects coded each relative on the diagram as either (a) an abstainer--never drank; (b) a nonproblem drinker--drank but never experienced problems from drinking; or (c) a problem drinker--experienced drinking problems at some point in life. After completing the tree diagram, subjects were given a card with nine drinking-related consequences . . . and were asked to list all applicable drinking-related consequences for each relative coded as a problem drinker. Each relative identified by subjects as being a problem drinker was further evaluated by the investigators for evidence of a drinking problem. . . . For a relative to be classified as alcoholic, the subject must have indicated that the relative experienced consequences in a minimum of two of the following areas: (a) Interpersonal (marital problems and/or social disapproval by friends or relatives of the person's drinking); (b) Vocational; (c) Legal (alcohol-related arrests); (d) Physical (withdrawal symptoms, cirrhosis and/or frequent blackouts); and (e) Treatment for Drinking (inpatient, outpatient, AA)." The authors propose that previous studies have adequately indicated the validity of self-reports of drinking problems in family members; the high levels of test-retest reliability found in their research tend to further confirm this.

Related Published Reports: Mann, R.E.; Sobell, L.C.; Sobell, M.B.; and Pavan, D. Reliability of a family tree questionnaire for assessing family history of alcohol problems. Drug and Alcohol Dependence, in press.

Availability Source: Robert E. Mann, Ph.D., Addiction Research Foundation, 33 Russell Street, Toronto, Ontario, Canada M5S 2S1. There is no fee for use.

S No:________________ T1/T2

FAMILY HISTORY DRINKING QUESTIONNAIRE

(self-administered)

Date:____________

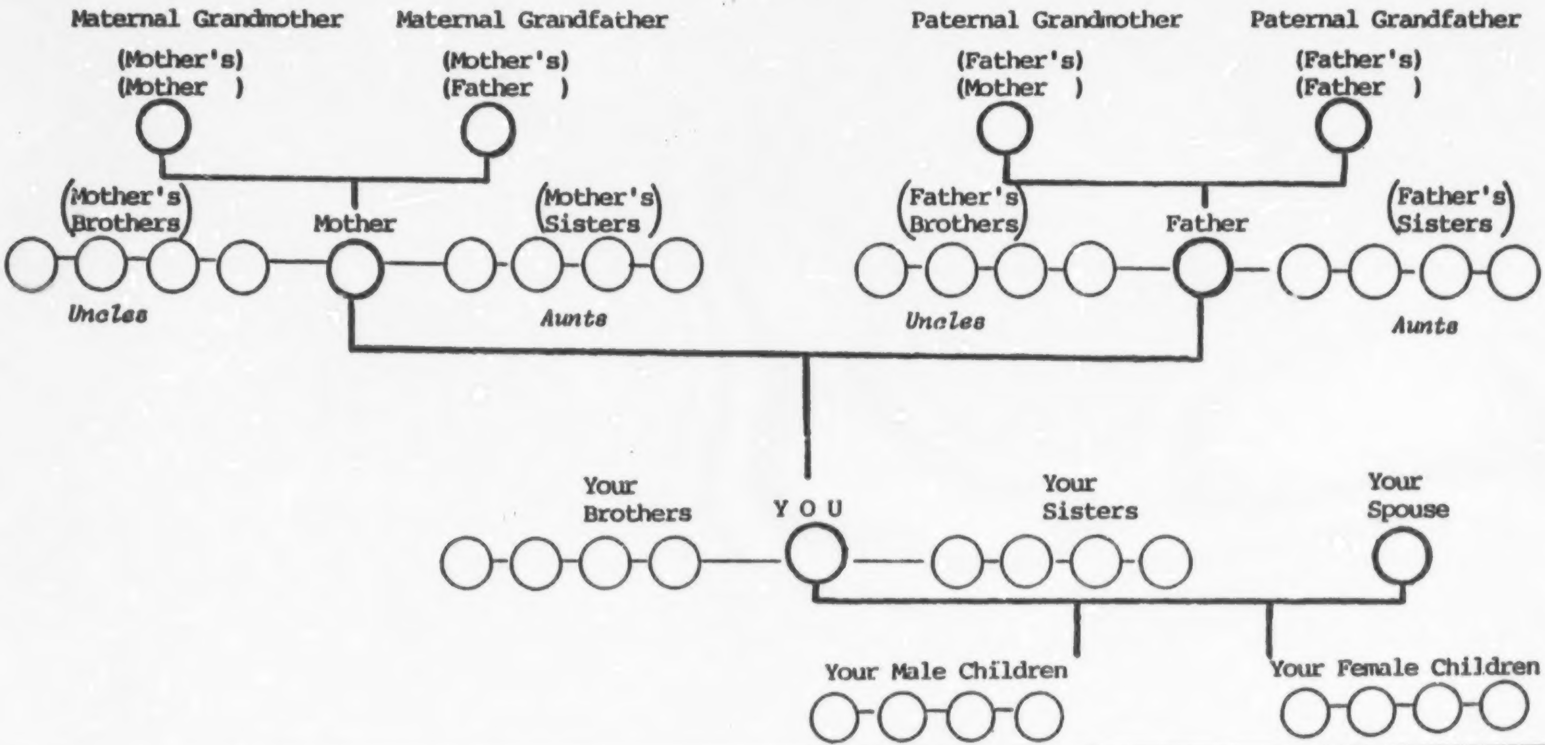
INSTRUCTIONS: Please categorize all of the following relatives according to whether you judge them to be:

ABSTAINER, has not ever drank alcohol---Code each relative by the letter 'A' = Ⓐ

DRINKS, NEVER KNOWN TO HAVE HAD A PROBLEM with alcohol or alcohol abuse---Code as 'NP' = (NP)

KNOWN TO HAVE HAD A DRINKING or alcohol abuse PROBLEM---Code as 'PD' = (PD)

When you have NO RELATIVES FOR A GIVEN CIRCLE PUT AN 'X' THORUGH IT = Ⓧ



Maternal Grandmother
(Mother's) (Mother)
Maternal Grandfather
(Mother's) (Father)
Paternal Grandmother
(Father's) (Mother)
Paternal Grandfather
(Father's) (Father)
(Mother's Brothers)
Mother
(Mother's Sisters)
(Father's Brothers)
Father
(Father's Sisters)
Uncles
Aunts
Uncles
Aunts
Your Brothers
Y O U
Your Sisters
Your Spouse
Your Male Children
Your Female Children

Follow-up to Questionnaire

Did the S NEED MORE SPACE (circles) for any category of relatives (e.g., uncles)? If so pencil the information in on the self-administered questionnaire now.

Now tell each subject that for each biological relative identified as having a drinking problem, we would like to obtain the some information about their drinking history (go to Actual Sheets).

(A) Relationship to them

(B) Now alive: Yes/No

(C) No. of years drinking was or has been a problem

(D) As best they can, obtain a description of the relative's actual drinking behavior, i.e., amount (& greatest amount consumed) and frequency (daily, weekends).

(E) Give the card with types of consequences listed and ask the subject to indicate--Yes/No--for each consequence whether the relative has experienced it as a result of his/her drinking. NOTE: If the S does not know that will have to simply be coded as NO.

a. Marital problems from drinking or divorce or separation.
b. Job problems related to drinking or job loss or layoff.
c. Alcohol-related arrests (e.g., drunk driving, public drunkenness)
d. Major alcohol withdrawals (i.e., seizures, hallucinations and/or DTs).
e. Cirrhosis (needle biopsy must have been performed).
f. Formal inpatient or outpatient treatment for alcohol abuse.
g. Attended Alcoholics Anonymous (AA) meetings.
h. Frequent blackouts (total memory loss, while drinking; not greyouts)
i. Social disapproval by friends or parents of the relative's drinking.
j. Daily drinker for at least one year and had 6 or more drinks 2 to 3 times a month but experienced no other problems related to drinking.
k. Drinking 6 or more drinks at least once a week for more than one year but experiencing no other problems related to drinking.

INDEPTH FAMILY DRINKING ASSESSMENT FOR RELATIVES IDENTIFIED BY THE FAMILY TREE

Circle: T1 T2

S No.: ____________

A. Relationship to S: ____________

B. No. years drinking has been/was a problem? ____________

C. Now living: Yes No Blood Relative (circle): Yes No

D. Description of actual problem drinking:

i. Greatest amount consumed in one 24-hour period? ____________

ii. Quantity and Frequency: ____________

____

____

E. Consequences (list all the consequences by letter that the S identifies for this relative):

____

A. Relationship to S: ____________

B. No. years drinking has been/was a problem? ____________

C. Now living: Yes No Blood Relative (circle): Yes No

D. Description of actual problem drinking:

i. Greatest amount consumed in one 24-hour period? ____________

ii. Quantity and Frequency: ____________

____

____

E. Consequences (list all the consequences by letter that the S identifies for this relative):

____

A. Relationship to S: ____________

B. No. years drinking has been/was a problem? ____________

C. Now living: Yes No Blood Relative (circle): Yes No

D. Description of actual problem drinking:

i. Greatest amount consumed in one 24-hour period? ____________

ii. Quantity and Frequency: ____________

____

E. Consequences (list all the consequences by letter that the S identifies for this relative):

COMPREHENSIVE DRINKER PROFILE

Authors: G. Alan Marlatt and William R. Miller

Assessment Areas Covered: Alcohol consumption, drug use, employment demographics, decision to drink/not drink, life events, alcohol dependence syndrome, severity of, family drinking history, emotional status, behavioral aspects of drinking

Administration: Structured interview format (normally requires 1 to 2 hours for completion); at screening, intake, and followup

Design Features: 88 questions, mostly of the completion type, provided in a booklet

Abstract: The Comprehensive Drinker Profile (CDP) is a structured intake interview procedure. Useful in a wide variety of treatment settings, the CDP provides an intensive and comprehensive history and status of the individual client with regard to his or her use and abuse of alcohol. Content of the interview emphasizes information that is relevant to the selection, planning, and implementation of treatment. The CDP is also an appropriate data base for clinics and research programs desiring comparable pretreatment and followup evaluations.

The CDP covers a broad range of relevant information, including basic demographics, family and employment status, history of problem development, current drinking pattern and problem status, severity of dependence, social aspects of alcohol use, associated behaviors, relevant medical history, motivations for drinking and for treatment, and other life problem areas. It incorporates the widely used Michigan Alcoholism Screening Test as part of the interview, providing a survey of current drinking problems as well as a summary score of problem severity. The CDP also yields quantitative indexes of other dimensions including problem duration, family history of alcoholism, alcohol consumption, alcohol dependence, range of drinking situations, quantity/frequency of other drug use, range of beverages used, emotional factors related to drinking, and life problems other than drinking.

Related Published Reports: Marlatt, G.A. The drinking profile: A questionnaire for the behavioral assessment of alcoholism. In: Mash, E.J., and Terdal, L.G., eds. Behavior-Therapy Assessment. New York: Springer, 1976.

Availability Source: Psychological Assessment Resources, Inc., P.O. Box 98, Odessa, Florida 33556

Copyright: Copyright 1984 by Psychological Assessment Resources, Inc. Reproduced with permission by the U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute on Alcohol Abuse and Alcoholism. Further reproduction is prohibited without permission of the copyright holder.

Date: ______________ Interviewer: ______________________

Comprehensive Drinker Profile for:

Full name of client:

____

(First) (Middle) (Last)

Prefers to be called: ______________ *Sex: (1) _____ F (2) _____ M

A. Demographic Information

Age and Residence

***A1.** Date of birth: _______ Month _______ Day _______ Year *Present age: _______

A2. Present local address: Street address or box no. ______________________

City or town ______________________

State ______________ Zip code __________

A3. Local telephone: Area code ______ Number ______________________

Best times to reach at this number: ______________________

A4. Name and address of a person through whom you can be located if we lose contact with you (must be different from A2.):

Name: ______________________ Relationship: ______________

Street address or box no. ______________________

City or town ______________ State ______ Zip code ______

Telephone: Area code ______ Number ______________________

A5. How did you first hear about this program? ______________________

If referred, by whom? ______________ Name ______________ Agency

Copyright© 1984 by Psychological Assessment Resources, Inc. All rights reserved. No part of the Comprehensive Drinker Profile may be reproduced in any form without written permission of the publisher.

Family Status

***A6.** Client's current living situation:

(1) ________ living alone
(2) ________ living with spouse or partner
(3) ________ living with roommate(s)
(4) ________ living with children only
(5) ________ living with parents

***A7.** Client's current marital status:

(1) ________ single, never been married
(2) ________ married, living with spouse
(3) ________ married, separated
(4) ________ widowed
(5) ________ divorced

***A8.** Number of times client has been married (including present): ____________

OK to call?
____ **A9.** Name of spouse, partner, or roommate: ____

***A10.** Children:

OK to call?	Name	Age	Sex	Living with client?

*Number of children: __________

A11. Other individuals living with client:

OK to call?	Name	Age	Sex	Relationship

Employment and Income Information

A12. Major occupation or skill (whether or not presently employed):

______________________ Spouse's occupation: ______________

***A13.** Currently employed or self-employed (not including school):

(1) ______ full time (3) ______ retired (5) ______ homemaker

(2) ______ part time (4) ______ unemployed

A14. Title of present or most recent job (major job if more than one):

____

If unemployed, how long? ________

OK to call at work?

___ **A15.** Name of employer or firm: ______________________________

Address: ______________________________________

____

Telephone: Area code ______ Number ______________________

If OK, best time to reach client at work: ______________________

***A16.** Length of time in present or most recent job: _____*years

if less than 1 year, code as 1 year and indicate time: ________

***A17.** How many different jobs have you held in the past year? _____*

in the past five years? _____*

***A18.** How many years of active military duty have you served? _____

***A19.** Family income:

Source: ______________________________ Annual $ ______________

Source: ______________________________ Annual $ ______________

Source: ______________________________ Annual $ ______________

Total Annual Family Income in Dollars $ ______________*

***A20.** SES code: ________ (Socioeconomic status code)

Educational History

A21. Describe client's educational background: ______________________________

______________________ Degree? ____________ Major? ____________

***A22.** Code highest year of education completed: ______

A23. Are you currently pursuing education or training?

(1) ____ full time (2) ____ part time (3) ____ no classes now

B. Drinking History

Development of the Drinking Problem

***B24.** About how old were you when you first took one or more drinks? ______

***B25.** About how old were you when you first became intoxicated? ______*

Do you remember what you were drinking? Beverage: ______________________________

***B26.** How would you describe the drinking habits of:

______* your mother?
______* your father?
______* spouse/partner?

0 = client does not know
1 = nondrinker (abstainer)
2 = occasional or light social drinker
3 = moderate or average social drinker
4 = frequent or heavy social drinker
5 = problem drinker (at any time in life)
6 = alcoholic (at any time in life)

***B27.** Do you have any blood relatives whom you regard as being or having been a problem drinker or an alcoholic?

	Number Males	Number Females
Parents?	____ ×3 = ____	____ ×3 = ____
Brothers or Sisters?	____ ×3 = ____	____ ×3 = ____
Grandparents?	____ ×2 = ____	____ ×2 = ____
Uncles or Aunts?	____ ×2 = ____	____ ×2 = ____
First Cousins?	____ ×1 = ____	____ ×1 = ____
TOTAL SCORES	Males: ____*	Females: ____*

*Were you raised by your biological parents? ____ (1)YES ____ (2)NO

If not, who raised you? ______________________________

***B28.** At what age (how long ago) did drinking begin to have an effect on your life which you did not approve of – when did drinking first begin to be a problem for you?

______ Age at first problem ______ Denies that drinking is a problem

______* Years of problem duration (Age minus age at first problem)

At that particular time in your life when drinking first became a problem, were there any special circumstances or events that occurred which you feel were at least partly responsible for it becoming a problem?

***B29.** Did you arrive at your present level of drinking:

(1) ______ gradually over a long period of time? how long: __________

or (2) ______ by a more rapid increase (over several months or less)?

Present Drinking Pattern

***B30. Drinking Pattern** (Check one)
Determine which of the following categories best describes the client's current drinking pattern:

___ (P) ______ PERIODIC DRINKER
Drinks less often than once a week
Is abstinent between drinking episodes
Complete Episodic Pattern Chart

___ (S) ______ STEADY DRINKER
Drinks at least once per week
Drinks about the same amount every week without periodic episodes of heavier drinking. (A heavy episode is defined as one or more days in which pattern fluctuates from the steady pattern by 5 or more SECs.)
Complete Steady Pattern Chart

___ (C) ______ COMBINATION PATTERN DRINKER
Drinks at least once per week with a regular weekly pattern, but also has heavier episodes as defined above
Complete both Steady and Episodic Charts

***B31. Steady Pattern Chart**

If the client drinks at least once per week complete the Steady Pattern Chart, then complete Q/F data summary. (If client does not drink at least once per week, proceed to B33.)

For each time period enter the type of beverage, % alcohol, amount consumed, and approximate time span during which it is consumed.

	Morning	Afternoon	Evening	Total for Day
Monday				________ Total SECs Monday
Tuesday				________ Total SECs Tuesday
Wednesday				________ Total SECs Wednesday
Thursday				________ Total SECs Thursday
Friday				________ Total SECs Friday
Saturday				________ Total SECs Saturday
Sunday				________ Total SECs Sunday

FORMULA FOR CALCULATING SECs: # oz. × % alcohol × 2 = SECs

*A. TOTAL SECs per week .... ________
(transfer this total to item B32.)

*B. TOTAL drinking (nonabstinent) days reported .... ________

*C. AVERAGE SECs per drinking day (A ÷ B) .... ________

*D. ESTIMATED Peak BAC for week .... ________ mg%

***B32. Quantity/Frequency Summary Data** (Steady Drinking Pattern *Only)*

Total SECs per week from table: ______ SECs per week

Multiply by 13 weeks × *13* =

Total SECs in past 3 months: ______ SECs* (From Steady Pattern *Only*)

***B33. Episodic Pattern Chart** (Periodic and Combination Patterns *Only*)
(For Steady Drinkers, skip to B38.)

***B34. Quantity/Frequency of Episodic Drinking**

Multiply Quantity (SECs per episode by Frequency (episodes per 3 months) for each episode type:

Type and Amount of Beverages Consumed: *Total SECs: ______ per episode *Hours: *Peak BAC: ______ mg%	*Number of episodes in past 3 months: × ______ episodes per 3 mo.	= ______ SECs/3 months†
Type and Amount of Beverages Consumed: *Total SECs: ______ per episode *Hours: *Peak BAC: ______ mg%	*Number of episodes in past 3 months: × ______ episodes per 3 mo.	= ______ SECs/3 months†
Type and Amount of Beverages Consumed: *Total SECs: ______ per episode *Hours: *Peak BAC: ______ mg%	*Number of episodes in past 3 months: × ______ episodes per 3 mo.	= ______ SECs/3 months†

______ Total SECs/3 mo.* from all episodic drinking

† For COMBINATION PATTERN DRINKERS, subtract from this total the number of SECs already accounted for in the Steady Pattern Chart (B31), and record here only SECs in excess of the steady drinking pattern. No drink should be counted both at B31 and at B33. For PERIODIC DRINKERS, however, record all drinks here (since for these drinkers there is no Steady Pattern and B31 is left blank).

B35. How would you describe the circumstances which mark the beginning of one of these heavy drinking episodes? That is, what factors determine when you begin heavy drinking?

____

____

B36. How would you describe the circumstances which mark the end of one of these heavy drinking episodes? That is, what factors determine when you finally stop drinking?

____

____

***B37. Total Q/F.** Add starred (*) lines from B32 and B34 above:

Calculate for all drinkers: ______ + ______ = ______* Q/F SECs past 3 mo.

Pattern History (All Drinkers)

***B38.** What is the largest amount of alcohol that you have ever drunk in one day?

Beverage	Amount	
____________	____________	
____________	____________	over ______ hours

TOTAL SECs: ______* Estimated Peak BAC: ________* mg%

***B39.** What is the longest period of continuous drinking that you have had? (Include hours of sleep if client began drinking again the next morning.)

Total hours: ______ hours

***B40.** Since drinking first became a problem for you, what is the longest period of time that you have gone without taking a drink?

______ days (convert to days)

B41. When was the last time that you went for 2 or 3 days without drinking any alcohol? (Ask whether client was taking tranquilizers or other withdrawal-inhibiting medication during this time.)

How long ago? ____________________ Medication? ____________________

B42. During this time, what was the main reason or reasons for stopping?

____

____

B43. After that period of no drinking, what were the circumstances when you started drinking again?

____

____

B44. Are there any particular days of the week on which you are more likely to drink (or to drink more) than on other days? If YES, list days and explain if there are any particular circumstances or factors which contribute to drinking (more) on these days.

____

____

Alcohol-Related Life Problems

*B45. Now I'm going to ask you some more questions to help me understand your drinking pattern. Please answer them as honestly and as accurately as you can.

ITEM	RESPONSE	SCORE	
1. Do you feel you are a normal drinker?	____(N)	____(2)	
2. Have you ever awakened the morning after some drinking the night before and found that you could not remember a part of the evening before?	____(Y)	____(2)	____(1)
3. Does any member of your family (wife, husband, parents, etc.) ever worry or complain about your drinking?	____(Y)	____(1)	
4. Can you stop drinking without a struggle after one or two drinks?	____(N)	____(2)	____(2)
5. Do you ever feel bad about your drinking?	____(Y)	____(1)	
6. Do friends or relatives think you are a normal drinker?	____(N)	____(2)	
7. Are you always able to stop drinking when you want to?	____(N)	____(2)	____(1)
8. Have you ever attended a meeting of Alcoholics Anonymous (AA)? (If YES, about how many? ____)	____(Y)	____(5)	
9. Have you gotten into fights when drinking?	____(Y)	____(1)	
10. Has drinking ever created problems with you and your spouse (husband/wife)?	____(Y)	____(2)	
11. Has your spouse (or other family member) ever gone to anyone for help about your drinking?	____(Y)	____(2)	
12. Have you ever lost friends or lovers because of your drinking?	____(Y)	____(2)	
13. Have you ever gotten into trouble at work because of drinking?	____(Y)	____(2)	
14. Have you ever lost a job because of drinking?	____(Y)	____(2)	
15. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?	____(Y)	____(2)	
16. Do you ever drink before noon?	____(Y)	____(1)	____(1)
17. Have you ever been told you have liver trouble?	____(Y)	____(2)	
18. Have you ever had severe shaking after heavy drinking?	____(Y)	____(2) (18 or 19)	____(3)
19. Have you ever heard voices or seen things that weren't there after heavy drinking?	____(Y)		____(4)
20. Have you ever gone to anyone for help about your drinking?	____(Y)	____(5)	
21. Have you ever been in a hospital because of drinking?	____(Y)	____(5)	
TOTAL points, this page (total both columns)		____ A-1	____ B-1

22. Have you ever been a patient in a psychiatric hospital or on a psychiatric ward of a general hospital? ______

If YES, was drinking part of the problem? ______(Y) ______(2)

DESCRIBE: ______________________________

____

23. Have you ever been seen at a psychiatric or mental health clinic, or gone to a doctor, social worker, or clergy for help with an emotional problem? ______

If YES, did drinking play a part in the problem? ______(Y) ______(2)

DESCRIBE: ______________________________

____

24. Have you ever been arrested, even for a few hours, because of drunk behavior? (other than driving) ______(Y) ______(2)

DESCRIBE: ______________________________

____

25. Have you ever been arrested for drunk driving or driving after drinking? ______(Y) ______(2)

DESCRIBE: ______________________________

____

26. Have you ever had a hangover? ______(Y) ______(1)

27. Have you ever had vague feelings of fear, anxiety, or nervousness after drinking? ______(Y) ______(1)

28. Have you ever felt a craving or strong need for a drink? ______(Y) ______(1)

29. Are you able to drink more now than you used to without feeling the same effect? ______(Y) ______(1)

30. Has drinking or stopping drinking ever resulted in your having a seizure or convulsion? ______(Y) ______(4)

31. Do you ever skip meals when you are drinking? ______(Y) ______(1)

TOTAL points, this page (total both columns) ______ A-2 ______ B-2

TOTAL PROBLEM SCORES

Total Column A for both pages ______ A-1 + ______ A-2 = ______ (MAST Score)[1]

Total Column B for both pages ______ B-1 + ______ B-2 = ______ (Ph Score)[2]

---

[1] MAST Score is an indicator of severity and extent of life problems related to drinking. The Michigan Alcoholism Screening Test was originally designed by Selzer. (Selzer, M. L., The Michigan Alcoholism Screening Test: The quest for a new diagnostic instrument. *American Journal of Psychiatry*, 1971, *127:12*; 1653-1658. Copyright, 1971, the American Psychiatric Association. Reprinted by permission.)

[2] Ph Score is an index of severity of physical dependence on alcohol.

Drinking Settings

***B46.** Drinking Locations card sort
(Indicate rank ordering: 1 = most frequent setting; 9 = least)

____ At Home (My own house, apartment or room)

____ At Work

____ In Other People's Homes

____ Outdoors

____ Private or Social Clubs

____ Restaurants

____ Social Events (such as Weddings, Parties, Dances)

____ Tavern or Bar

____ While Driving

____ Other places (if mentioned): ______________________________

____ *TOTAL locations indicated as drinking locations

***B47.** Social Situations card sort
(Indicate rank ordering: 1 = most frequent; 9 = least frequent)

____ I Drink Alone

____ I Drink with my Spouse (Husband, Wife, Companion)

____ I Drink with Relatives Other than my Spouse

____ I Drink with a Male Friend or Friends (No Females Present)

____ I Drink with a Female Friend or Friends (No Males Present)

____ I Drink with Friends of Both Sexes

____ I Drink with Strangers (or with People I Meet After I have Started Drinking)

____ I Drink with Business Associates (for Business Purposes)

____ Other companions (if mentioned): ______________________________

____ *TOTAL situations indicated as drinking situations

Associated Behaviors (assure confidentiality)

***B48.** Do you smoke cigarettes? (Indicate number of cigarettes smoked per day. Enter 00 for nonsmoker.)

____ cigarettes per day

If client used to smoke but does not smoke now, how long has it been since the last cigarette?

____

Indicate any other use of tobacco (cigars, pipe, chewing):

____

____

***B49.** Are you satisfied with your present weight? (If YES, enter 00. If NO, indicate the number of pounds client regards self as overweight (+) or underweight (−) using proper arithmetic sign):

______

***B50.** Describe all medications that you currently use, including vitamins, birth control, aspirin, etc. [Ask specifically about tranquilizers, sedatives, stimulants, diet pills, pain medications – by prescription or otherwise. Indicate name of each drug, dosage, frequency, purpose, and whether taken by prescription (Rx).]

Medication	Dosage	Frequency	Purpose	Rx?

***B51.** Other Drugs card sort

	Specify	Last Use?	Past 3 mo. Frequency	How?	Dose?
____ Amphetamine					
____ Barbiturates, etc.					
____ Cannabis					
____ Cocaine					
____ Hallucinogens					
____ Inhalants					
____ Opiates					
____ Phencyclidine					
____ Other Drugs					

____* Total Drug Classes Used

____ Total Past 3 mo.

B52. What are your interests and hobbies (not associated with work), and how much time do you spend at each of them per month? (For each hobby or interest determine whether it is usually associated with or accompanied by drinking.)

Interest or Hobby	Hrs/mo	Assoc. with Drinking?

***B53.** Eating Behavior

In an average week (7 days), on how many days do you:

eat breakfast? ____ eat lunch? ____ eat evening meal? ____

Total regular meals/week ____* eat additional snacks besides regular meals? ____

If you overeat sometimes, what factors are most likely to lead to your overeating? (situations, kinds of food, feelings, etc.)

____

____

How many caffeine drinks do you have in an average day? ____ cups coffee ____ sodas

____ cups tea ____ other

____ Total*

***B54.** Driving Behavior

When you are driving or riding in a private automobile, on what percentage of occasions do you wear a seat belt or shoulder harness?

____%*

When you are driving on open highway where the speed limit is 55 mph and there are no police around, what is the average speed at which you drive according to your speedometer?

____ mph*

During the past year, how often would you say that you drove shortly after having more than 3 drinks?

____ approximate times in past year*

B55. Exercise Behavior

What exercise do you get in the course of an average week?

Type of Exercise	Amount	Frequency

Beverage Preferences

*B56. Beverage Preferences card sort
(Indicate rank order: 1 = most frequently consumed drink, etc.)

For preferences 1, 2, and 3, also note the preferred manner of drinking and preferred brand, if stated.

	BEVERAGE LIST	PREFERRED MANNER OF DRINKING	BRAND
____	Beer or Ale		
____	Brandy		
____	Gin		
____	Liqueurs (Cordials)		
____	Malt Liquor		
____	Pure Alc. or Nonbeverage Alc. (Specify)		
____	Rum		
____	Sparkling Wine		
____	Special Fortified Wine		
____	Tequila		
____	Vodka		
____	Whiskey (Scotch, Bourbon, etc.)		
____	Red, Dry Wine		
____	Red, Sweet Wine		
____	Rosé Wine		
____	White, Dry Wine		
____	White, Sweet Wine		
____	Other Alc. Beverage (Specify)		
____	*TOTAL Number of Beverages Used		

B57. What are your three favorite nonalcohol beverages?

1. ____________________

2. ____________________

3. ____________________

Relevant Medical History

*B58. Present weight: _____*pounds Present height: ___'___" = _____*inches

B59. Tell me any serious illness, hospitalization, or surgery you have had in the past 10 years. (Indicate illness, date, any continuing care.)

Illness	Required Hospitalization?	Required Surgery?	Date	Follow-Up Care?

B60. Have you ever had jaundice (yellowed skin, dark urine)? Swelling of the feet or ankles? Any diagnosed liver disease such as hepatitis? (If YES, Specify) (Indicate date, illness, continuing care if any.)

Illness	Date	Continuing Care?

B61. Have you ever been told that you have high blood pressure? Have you ever had pain or tightness in your chest, especially with exercise? Unusual shortness of breath during exercise? A stroke or heart attack? Any other indication of heart problems? (If YES, Specify)

B62. Have you ever had any of the following: Diabetes? Pancreatitis or inflammation of the stomach? Ulcer? Thyroid problem? Weakness or numbness in the legs? (If YES, Specify)

B63. Have you noticed, over a period of time, that you are more affected by alcohol than you used to be – that drinking less has more of an effect on you? (If YES, Specify)

B64. Are you currently seeing a counselor, psychologist, or psychiatrist for counseling or therapy? (If YES, Specify)

____

____

B65. (Women) Are you pregnant, or planning to become pregnant? ______________

C. Motivational Information

Reasons for Drinking

C66. What are the main reasons why you drink? In other words, when you are actually drinking, what for you is the most positive or desirable effect of alcohol? What do you like best about alcohol?

____

____

C67. Are you aware of any inner thoughts or emotional feelings, or things within you as a person, which "trigger off" your need or desire to take a drink at a particular moment in time?

____

____

C68. Are you aware of any particular situations or set of events, things which happen to you in the outside world, which would result in your feeling like having one or more drinks?

____

____

C69. In terms of your life as a whole, what are the most positive effects or consequences of drinking?

____

____

C70. When you are actually drinking, what for you is the most negative or undesirable effect of alcohol? In other words, what is the thing you like least about alcohol when you are drinking?

____

____

C71. In terms of your life as a whole, what do you see as the most negative effects or consequences of your drinking?

____

____

C72. Can you describe a situation or set of events which would be least likely to result in your feeling like drinking? In other words, when do you feel least inclined to drink?

____

____

Effects of Drinking

*C73. Card sort: Check all effects that the client reports as having experienced while drinking during the past three months.

Group A	Group B	Group C	Group D	Group E
___ Calm	___ Angry	___ Afraid	___ Friendly	___ Inferior
___ Happy	___ Depressed	___ Excited	___ Outgoing	___ Insecure
___ Peaceful	___ Frustrated	___ Nervous	___ Secure	___ Unfriendly
___ Relaxed	___ Lonely	___ Restless	___ Strong	___ Weak
___ Unafraid	___ Sad	___ Tense	___ Superior	___ Withdrawn
TOTALS ___ A	___ B*	___ C*	___ D*	___ E*

Next spread out those cards identified as describing effects experienced by the client and ask client to rank order the five most frequent effects experienced while drinking. Specify below:

Rank	Effect	Comments, if any
1	___________	___________
2	___________	___________
3	___________	___________
4	___________	___________
5	___________	___________

*Most representative emotion group (see decision rules): _______

C74. Suppose that we were to agree that you would not drink at all for the next two weeks. What problems do you think you might have if you did this? Would there be any special feelings or situations that might be more difficult for you to handle?

____

____

____

____

Other Life Problems

*C75. Card sort. Have client sort into YES and NO piles for current problems, then rank order. Indicate ranks for all YES cards: 1 = most important current problem.

Then for all YES cards inquire whether the problem is or is not at least partly related to drinking in the client's opinion. Check (✓) all problems indicated to be related to drinking.

Rank	✓	
______	____	Aggression (Fighting, Anger, Hostility)
______	____	Boredom
______	____	Conflicts with the Law (Being Arrested, Drunk Driving, Police Visits, Lawsuit, etc.)
______	____	Depression (or Negative Self-Concept)
______	____	Family Problems (Arguments with Spouse or Family Members, etc.)
______	____	Fatigue, Tiredness
______	____	Financial Problems
______	____	Health Problems
______	____	Problems with not Being Assertive (Being Taken Advantage of, Always Giving in, Can't Express What I Feel, etc.)
______	____	Problems with Eating and Appetite (or Weight Problems)
______	____	Problems with Memory or Concentration
______	____	Problems with Sleeping (Insomnia, Early Waking, Nightmares)
______	____	Problems with Social Contact (Sociability and Meeting People, Losing Friends, Loneliness)
______	____	Sexual Problems
______	____	Suicidal Thoughts
______	____	Tension or Anxiety
______	____	Work Problems
______	____	Other Problems

TOTAL Number of Problems YES: ____*

TOTAL Number of Problems Alcohol-Related: ____*

Finally inquire further about the top three problems (Rank 1, 2, and 3) and describe below in greater detail.

Problem 1: ____

____

____

Problem 2: ______________________________

____

____

Problem 3: ______________________________

____

____

Motivation for Treatment

C76. On your own and without any outside help, what steps if any have you taken to try to stop or control your drinking? How well did these work?

____

____

____

C77. What outside help, professional or otherwise, have you sought for your drinking problem (including A.A.)? What helped and what didn't?

____

____

____

*C78. Has anyone ever advised you to stop drinking completely? If so, who?

(1) ____ Yes (2) ____ No If YES: ______________________________

*C79. Has anyone ever advised you to cut down on your drinking? If so, who?

(1) ____ Yes (2) ____ No If YES: ______________________________

C80. What are the main reasons for your seeking help for drinking at this particular time? Why now? In other words, what particular circumstances led you to come to this program now?

____

____

C81. What do you see as the most ideal outcome of treatment for you here? What would you like to happen?

____

____

*C82. Which of these six statements best describes your own goal in this program? (Mark the one chosen. If more than one is chosen, prioritize.)

(1) _____ I think that total abstinence is the only answer for me, and I want to stop drinking completely.

(2) _____ I think that total abstinence may be necessary for me, but I am not sure. If I knew that controlled drinking were impossible for me, then I would want to stop drinking completely.

(3) _____ I think that total abstinence is not necessary for me, but I would like to reduce my drinking to a "light social" nonproblem level.

(4) _____ I think that total abstinence is not necessary for me, but I would like to reduce my drinking to a "moderate social" nonproblem level.

(5) _____ I think that total abstinence is not necessary for me, but I would like to reduce my drinking to a "heavy social" nonproblem level.

(6) _____ I think that total abstinence is not necessary for me, and I see no need to reduce my drinking.

*C83. If you were to achieve your ideal goal in this program, what would your drinking be like? About how much would you be drinking in an average week? (Record specific beverage types and amounts; convert to SECs.)

Beverage	Amount	
______________________	______________________	
______________________	______________________	
______________________	______________________	TOTAL SECs: ____________*

*C84. In your honest and realistic opinion, what do you estimate your chances are – from 0 to 100% – of achieving this goal?

_______%

C85. How would it affect you if you did not achieve your ideal outcome of treatment here? In other words, what is most likely to happen if you do not meet your goals in this program?

____

____

____

____

C86. How would you define "alcoholism"?

____

____

____

____

*C87. Some people say that alcoholism is a disease or sickness, while others say that it is not a disease, but rather is more like a bad habit that a person has learned. Do you see it more as a disease or as a bad habit? (If person says "both" have him or her indicate which they would agree with more.)

(1) ____ Disease (2) ____ Bad Habit

Drinker Type Ratings

*C88. Now I am going to give you a list of six different types of drinkers and I would like you to tell me which one, in your opinion, best describes you at the present time. (Obtain rating)

(If applicable): Now I'd like you to tell me the one that you think your husband/wife would choose as best describing you. (Obtain rating)

Which one do you think your closest friend would choose as best describing you? (Obtain rating)

Which one do you think most people who know you would choose as best describing you? (Obtain rating)

RATINGS: Self____ Spouse ____* Friend ____* Most People ____*

1 = Total Abstainer
2 = Light Social (Nonproblem) Drinker
3 = Moderate Social (Nonproblem) Drinker
4 = Heavy Social (Nonproblem) Drinker
5 = Problem Drinker
6 = Alcoholic

*Compare self-rating with rating for "most people." Is self-rating:

(1) ____ higher than "most" (2) ____ equal to "most" (3) ____ lower than "most" ?

END OF INTERVIEW

Additional Comments:

OUTCOME IN ALCOHOLICS FOLLOW-UP INTERVIEW

Author:	Helen S. Maurer
Assessment Areas Covered:	Alcohol consumption, drinking pattern during past year, occupational adjustment, employment, social relationships, treatment history, attitudes
Administration:	Interview administered by M.S.W. to subject and knowledgable other (about 60 to 90 minutes), at followup
Design Features:	185 items, multiple-choice
Abstract:	This structured interview was constructed by H.S. Maurer and administrated by her in a 4-year study of outcome in alcoholics following hospitalization (NIAAA Grant AA-00456, A.A. Sugerman, principal investigator). It enabled a large amount of information to be collected in a reasonable time. Subjects were categorized by drinking status and adjustment rating.
Related Published Reports:	Pettinati, H.M.; Sugerman, A.A.; DiDonato, N.; and Maurer, H.S. The natural history of alcoholism over four years after treatment. *Journal of Studies on Alcohol*, 43(3):201-215, 1982.[1] Pettinati, H.M.; Sugerman, A.A.; and Maurer, H.S. Four years MMPI changes in abstinent and drinking alcoholics. *Alcoholism: Clinical and Experimental Research*, 6:487-494, 1982.[1]
Availability Source:	A.A. Sugerman, Carrier Foundation, Belle Mead, New Jersey 08502. There is no fee for use.

---

[1] Refer to volume 1 in this series, *Summaries of Alcoholism Treatment Assessment Research*, for a further discussion of this article.

Alcohol Study - Second, Third, Fourth
Year Follow-up*

NAME ______________________________

ADDRESS ______________________________

DRINKING PATTERN DURING PAST YEAR

_______ 200. During the past year Patient has been abstinent for:
- (1) 1 to 3 months
- (2) 3 to 6 months
- (3) 6 to 11 months
- (4) One year
- (5) Never
- (6) DK

Y N DK 201. Has patient had slips during the past year?

_______ 202. If so, how many
- (1) 1 to 3
- (2) 3 to 6
- (3) More
- (4) Never dry
- (5) DK

Y N DK 16. Patient is drinking but is understood to have no drinking problems.

Y N DK 17. Patient has a drinking problem but does not have trouble relative to drinking within or outside family.
If this is so, he has been drinking --

Y N DK 18. Daily

Y N DK 19. Has had at least 1 binge (more than 24 hours duration)

Y N DK 20. Has had at least 1 episode of intoxication (less than 24 hours duration)

Y N DK 21. "Sneaked" drinks

Y N DK 22. Drinks for sedation of nervousness or bodily discomfort.

Y N DK 23. No record

Y N DK 24. Patient has a drinking problem and has trouble related to his drinking problem within or outside his family.
If this is so, has he been drinking --

Y N DK 25. Daily

Y N DK 26. Has had at least 1 binge (more than 24 hours duration)

Y N DK 27. Has had at least one episode of intoxication (less than 24 hours duration)

Y N DK 28. "Sneaked" drinks

Y N DK 29. Drinks for sedation of nervousness or bodily discomfort

Y N DK 30. No record
If this is so, does he have problems --

Y N DK 31. Within his family

Y N DK 32. Outside his family

Y N DK 33. If this is so, has he lost a job because of his drinking?

---

*Structured interview used in Pettinati, H.M., Sugerman, A.A., DiDonato, N, & Maurer, H.S., The natural history of alcoholism over four years after treatment, Journal of Studies on Alcohol, 1982, 43, 201-215.

REASONS FOR DRINKING DURING PAST YEAR

Y N DK 34. No need to stop (considers his drinking under control or does not regard self as alcoholic)
Y N DK 35. Relief of psychological symptoms
Y N DK 36. Relief of physical symptoms
Y N DK 37. "Can't stop"
Y N DK 38. Poor envioromental set-up
Y N DK 39. Says he "doesn't know why" he is drinking
Y N DK 40. Other
Y N DK 41. Not drinking

IF PATIENT STILL USING ALCOHOL, DOES HE DRINK

Y N DK 42. By himself
Y N DK 43. With casual acquaintances
Y N DK 44. With close or intimate friends
Y N DK 45. With his family
Y N DK 46. Not determinable -- not clear

A. A.

Y N DK 203. Does Patient have an AA sponsor?
Y N DK 204. Does Patient attend AA meetings?

________ 205. If so, for how many months during past year did Patient attend AA?
(1) 1 to 3 months
(2) 3 to 6 months
(3) More

________ 206. If so, does Patient attend
(1) Only Open Speakers Meetings
(2) Speakers Meetings and discussion and Step Meetings

________ 51. How Many meetings does Patient attend each week?
(1) 1 to 2
(2) 2 to 3
(3) 3 to 4
(4) 4 to 5
(5) More
(6) None

Y N DK 52. Does Patient's involvement with A. A. include more than attendance at meetings?
Y N DK 53. Has he acted as Sponsor of new members?
Y N DK 54. Has he spoken at Meetings other than local one he normally attends?
Y N DK 55. Has Patient's spouse or any family member attended Al-Anon Meetings?
Y N DK 56. Have Patient's children attended Ala-Teen Meetings?

Which Meeting or Meetings did Patient find helpful?

Which Meeting or Meetings did Patient find not helpful?

OCCUPATIONAL ADJUSTMENT

Y N DK 57. Did Patient get a full time job?
Y N DK 58. Did Patient return to former job?
Y N DK 59. Did Patient secure a new job?
Y N DK 60. If so, was it a more rewarding job?
Y N DK 62. If so, was it a less rewarding job?
Y N DK 63. Has Patient retired?
Y N DK 64. Has Patient been fired from a job?
Y N DK 65. Has Patient had more than one job?
______ 66. If so, has Patient had --
  (1) 2 jobs
  (2) 3 jobs
  (3) 4 or more jobs
  (4) DK

______ 67. What was the extent of the Patient's financial achievement?
  (1) Earned enough for self or for family support
  (2) Earnings had to be supplemented by spouse's earnings, family or by public welfare
  (3) Patient completely dependent on spouse, family or public welfare

If a Housewife

Y N DK 68. Did Patient handle child rearing functions adequately?
Y N DK 69. Did Patient handle homemaking activities effectively?
Y N DK 70. Was Patient satisfied with her life and role as homemaker?

If a Student

Y N DK 71. Is Patient a full time student?
Y N DK 72. Is Patient a part time student?
Y N DK 73. Are his achievements adequate or above?
Y N DK 74. Is he satisfied with his schoolwork and activities?

SOCIAL RELATIONSHIPS

Family Type

Y N DK 75. Parental or lineal
Y N DK 76. Conjugal or conjugal lineal
Y N DK 77. Alone
Y N DK 78. Extended

Relationship with Spouse

Y N DK 79. Does not apply (Patient not married or married and not living with spouse)
Y N DK 80. Adapt well to each other's needs; generally supportive of one another
Y N DK 81. Adapt moderately well to each other's needs; with some periods of distance and lack of support of one another.
Y N DK 82. Adapt poorly to each other; nonsupportive of each other most of the time, apparently staying together chiefly to maintain home for children, for financial or other reasons
Y N DK 83. Other

Relationship of Patient with Those with Whom He Lives

Y N DK 84. Does not apply (patient lives alone or only Patient and spouse in household)
Y N DK 85. Very compatible; patient gets along well with others, is included in group plans, activities and decisions
Y N DK 86. Moderately compatible; Patient gets along well with some; often included in family plans, activities and decisions.
Y N DK 87. Non-participating; Patient tolerated and is tolerated by others, but rarely seeks out or is sought out by others.

Y N DK 88. Moderately incompatible; Patient does not get along well with a number of others -- "armed truce" or arguments not uncommon; generally excluded from family activities

Y N DK 89. Very incompatible; patient is actively disliked by others; fights and arguments may occur; rejected almost entirely from family activities

Relationship of Patient with Others Outside the Home (E.G., Friends, Neighbors, Co-Workers, Employers and Tradesmen)

Y N DK 90. Very compatible; patient gets along well with others

Y N DK 91. Moderately compatible; Patient gets along well with some, generally well-liked by most

Y N DK 92. Non-Participating; Patient tolerates and is tolerated by others, but rarely seeks out or is sought out by others.

Y N DK 93. Moderately incompatible; Patient does not get along well with a number of others -- "armed truce" or arguments not uncommon

Y N DK 94. Very incompatible; Patient is actively disliked by others; fights and arguments may occur

Y N DK 95. Unable to evaluate

Changes in Personal Relations

Y N DK 96. Has Patient married?

Y N DK 97. Has Patient been separated?

Y N DK 98. Has Patient been divorced?

Y N DK 99. Have Patient and spouse been reunited?

Y N DK 100. Has Patient been jilted?

Y N DK 101. Has there been increased pressure or conflict in a relationship?

Y N DK 102. Has there been a change in Patient's relation to parents?

Y N DK 103. Has there been a change in relations between Patient and peers (friends and sibs)?

SUBSEQUENT TREATMENT OR HELP

MDs or Clinics

Y N DK 104. Has Patient had contact with medical doctors or clinics?
F R DK 105. If so, have contacts been frequent, rare or DK?
Y N DK 106. If so, did Patient receive Pre-natal Care?
Y N DK 107. If so, did Patient receive medical care for physical illness or undergo an operation?
Y N DK 108. If so, did Patient receive medication for nerves?
Y N DK 110. Is Patient now taking medication for nerves?

Psychiatrist or OPC

Y N DK 111. Has Patient visited a psychiatrist or OPC?
F R DK 112. If so, have contacts been rare, frequent or DK?
Y N DK 114. If so, were visits initiated by Patient?
Y N DK 115. If so, were visits initiated by Patient's physician?
Y N DK 116. If so, were visits initiated by a social agency?
Y N DK 117. If so, were visits initiated by Patient's family?
Y N DK 118. Is Patient at present under psychiatric care?

A. A.

Y N DK 119. Has Patient attended A. A. Meetings?
F R DK 120. If so, has attendance been rare, frequent or DK?

Social Agency

Y N DK 121. Has Patient had contact with a social agency (welfare, counselling agency, courts, jail, etc.)?
F R DK 122. If so, have the contacts been rare, frequent or DK?
Y N DK 124. If so, were visits arranged by Patient?
Y N DK 125. If so, were visits arranged by Patient's family?
Y N DK 126. Has Patient received financial assistance?
Y N DK 127. Has Patient received counselling services?

Hospital

Y N DK 128. Has Patient been in a hospital?
Y N DK 129. Was Patient in hospital for delivery of baby?
Y N DK 130. Was Patient in hospital for physical illness?
Y N DK 131. Was Patient in hospital for mental illness?
Y N DK 132. Was Patient in Hospital for Alcoholism?
Y N DK 133. Was Patient in hospital for an operation?
Y N DK 134. If so, since return from hospital has Patient become better.
Y N DK 135. Is Patient at present in hospital for mental illness?
Y N DK 136. Is Patient at present in hospital for Alcoholism?

POST HOSPITALIZATION INFORMATION REGARDING PATIENT

Y N DK 137. When angry, does Patient deny it (with family members)?
Y N DK 138. When angry, does Patient deny it (with others)?
Y N DK 139. When angry, does Patient throw, break, pound, or kick things?
Y N DK 140. When angry, does Patient take it out on others (members of family)?
Y N DK 141. When angry, does Patient take it out on others (outside his family)?
Y N DK 142. Does Patient blame others for his mistakes?
F R N DK 143. When criticized, does he comply?
F R N DK 144. When criticized, does Patient argue about it?
F R N DK 145. When criticized, does Patient rebel (do the thing all the more)?
Y N DK 146. Does Patient complain a lot?
F R N DK 147. Does he become angry frequently, rarely, not at all or DK?
F R N DK 148. Does he become quarrelsome frequently, rarely, not at all or DK?

DEPENDENCE

F R N DK 149. Does he tend to want his own way?
F R N DK 150. Does he let others impose on him or take advantage of him?
F R N DK 151. Does he undersell his abilities?
F R N DK 152. Does he criticize himself without reason?
F R N DK 153. Does he deny failures or shortcomings?
F R N DK 154. Does he tend to be easily discouraged?
F R N DK 155. Is he a worrier?
F R N DK 156. Does he feel sorry for himself?
Y N DK 157. Does he feel that he isn't appreciated?
Y N DK 158. Does he feel that nobody understands him?
Y N DK 159. Does he ask advice about making everyday decisions?
Y N DK 160. If so, does he follow advice given?
Y N DK 161. Does he lack confidence in ordinary tasks?
Y N DK 162. Is he able to accept respponsibility?
Y N DK 163. Does Patient prefer positions in which he is reasponsible for decision making?
Y N DK 164. Does he procrastinate?
Y N DK 165. Is he a perfectionist?
Y N DK 166. Does he always worry about what others think of him?
Y N DK 167. Is he unusually cautious?

EXPRESSIVENESS

Y N DK 168. Does he keep his feelings to himself?
Y N DK 169. Does he usually deny it when he feels physically sick?
Y N DK 170. Does he usually deny it when he is upset about something?

RIGIDITY

Y N DK 171. Does he get upset if his routine is altered?
Y N DK 172. Is he rigidly orderly?
Y N DK 173. Is he thrifty?
Y N DK 174. Does he have bad judgment in his purchases?

MISCELLANEOUS

Y N DK 175. Does he take pride in his appearance?
Y N DK 176. Does he feel that the development of his talents or personality has been suppressed or frustrated?
Y N DK 177. Does his mood fluctuate?
Y N DK 178. Does he have a lot of minor accidents?
Y N DK 179. Does he suffer from wakefulness?
Y N DK 180. Does he often complain of not feeling well physically?
F R N DK 181. Does he feel he is a burden on others?
Y N DK 182. Is he a particularly sympathetic, understanding person?
Y N DK 183. Does he seem generally happy?
Y N DK 184. Does he prefer to be by himself?
F R N DK 185. Does he go out socially?
Y N DK 186. Does he dislike to meet new people?
Y N DK 187. Does he like to be with a lot of people rather than a few?
Y N DK 188. Does he make and keep close friends?
Y N DK 189. Does he tend to have acquaintances rather than close friends?
Y N DK 190. Do people generally like him?
Y N DK 191. Does he have a sense of humor?
Y N DK 192. Has he started new hobbies or avocations?
________ 193. How well does Patient function in his major or expected occupational role?

(1) Very well
(2) Moderately well
(3) Not so well
(4) Moderately poorly
(5) Very poorly or not at all

POSSIBLE TRAUMATIC EVENTS

Y N DK 194. Has someone close to Patient died within the past year?

Y N DK 195. Has someone close to Patient recently had a serious illness or impairment?

Y N DK 196. Has Patient suffered from financial reverses, losses or debts?

Y N DK 197. Have Patient's work load or responsibilities increased?

Y N DK 198. Has he failed to gain a recognition (e. g. , job)?

Y N DK 207. Has a family member suffered from Mental Illness?

Y N DK 208. Has a family member had a problem with Alcoholism?

Y N DK 199. Has he made a suicide attempt (within past year)?

PROJECT FOR ALCOHOLIC COUPLES TREATMENT
BASELINE INTERVIEW

Author:	Barbara S. McCrady
Assessment Areas Covered:	Demographics, religion, social history, residence, legal, physical health, treatment history, adverse consequences, baseline
Administration:	Interview (40 minutes), no handwriting, at intake
Design Features:	51 interview questions, free response and forced choice
Abstract:	Baseline information about social, occupational, legal, and medical functioning are obtained from this interview, as well as information on the adverse effects of alcohol use in each of these areas. The questionnaire was adapted from baseline interviews developed by Sobell and Sobell, and modified by Longabaugh and his colleagues. Development of the Baseline Interview was supported by NIAAA Grant AA03984, "Marital, Spouse and Self-Control Therapy of Alcoholics."
Related Published Reports:	McCrady, B.S., and Noel, N.E. "Assessing the Optimal Mode of Spouse Involvement in Outpatient Behavioral Alcoholism Treatment." Presented at the Annual Meeting of the Association for Advancement of Behavior Therapy, Los Angeles, California, November 1982. Sobell, L.C.; Sobell, M.B.; and Ward, E., eds. *Evaluating Alcohol and Drug Abuse Effectiveness*. New York: Pergamon Press, 1979. Longabaugh, R.; McCrady, B.; Fink, E.; Stout, R.; McAuley, T.; Doyle, C.; and McNeill, D. Cost effectiveness of alcoholism treatment in partial vs. inpatient setting: Six-month outcomes. *Journal of Studies on Alcohol*, 44:1049-1071, 1983.
Availability Source:	Barbara S. McCrady, Ph.D., Center of Alcohol Studies, Rutgers-The State University of New Jersey, Busch Campus, Piscataway, New Jersey 08854

BEST COPY AVAILABLE

Client Number: ________________

Time Interview started: ________________

Client Name: ________________

Interviewer: ________________

Date: ________________

BASELINE INTERVIEW

01) (Show Card) What is your ethnic background?

____ (1) Black
____ (2) Irish
____ (3) Italian
____ (4) Portuguese
____ (5) Spanish
____ (6) Oriental
____ (7) Other European
____ (8) Latin American
____ (9) Other (specify) ________________

02) (Show Card) What is your religion?

____ (1) Catholic
____ (2) Jewish
____ (3) Protestant
____ (4) None
____ (5) Other ________________

SOCIAL LIFE AND RESIDENTIAL HISTORY

03) How many years have you currently been married? ________

04) Have you ever been separated from your current spouse as a direct or indirect result of your drinking? ____________

05) How many total times have you been married? ________
(Note to interviewer: If only once delete following question. Go to Question 07.)

06) How many total times have you been separated or divorced as a direct or indirect result of your drinking? ____________

07) (Show Card) Have any of the following people ever complained about your drinking?

____ (0) No one
____ (1) Spouse
____ (2) Parents
____ (3) Relatives
____ (4) Boss
____ (5) Children
____ (6) Friends
____ (7) Other ________________________
____

08) (Show Card) For the last 12 months where and with whom did you live and how many weeks did you stay there? (Note to interviewer: Combined living situations must add up to 52 weeks - 12 months.)

No. of weeks Resided (if none, write 0)	Type of Living Situation
________	Alone, permanent housing (apt., home, trailer)
________	Alone, non-permanent housing (boarding house, hotel)
________	Permanent housing, with parents
________	Permanent housing, with spouse/ children
________	Permanent housing, with spouse/ children/other relatives
________	Permanent housing, with other relatives
________	Permanent housing, with friends
________	Non-permanent housing, with others
________	Residential care facility (Salvation Army, Halfway House, etc.)
________	In jail/prison
________	In hospital
________	No residence
________	Other (describe) ________
________	Total Weeks (Add variables _____ through ________)

09) (Show Card) In the last 12 months how often did you engage in the following social - recreational activities? For ease of recording your answers please indicate your answer as either Never, One Time, Sometimes (Less Than Once A Month) or Frequently (More Than Once A Month). (Note to interviewer: Ask Subject to give an answer for each category.)

(1) Never (2) One Time (3) Sometimes (Less Than Once A Month) (4) Frequently (More Than Once A Month)

_____ Adult Education
_____ Bars
_____ Church Activities
_____ Community Activities (i.e., Masons, Legion, League of Women Voters, N.O.W., etc.)
_____ Dinner parties/social engagements
_____ Recreational Activities (i.e., cards, dancing, pool, picnics)
_____ Sports
_____ Volunteer work
_____ Other (describe) ________________________________

10) What is the highest grade (or degree) you completed in school? ____________
____

11) What type of work are you trained to do? ______________________________

____

12) (Show Card) At the present time what is your current employment status?

_____ (1) Full time job (Go to Questions 13 and 14)
_____ (2) Part time job (Go to Questions 13 and 14)
_____ (3) Self-employed (Go to Questions 13 and 14)
_____ (4) Works at odd jobs (Go to Questions 13 and 14)
_____ (5) Unemployed (Go to Questions 15 through 18)
_____ (6) Disabled (Go to Questions 15 through 18)
_____ (7) Full time student (Go to Question 20)
_____ (8) Housewife (Go to Question 19)
_____ (9) Retired (Go to Question 20)
_____(10) Other (describe) ______________________________

____
(Go to Question 20)

If employed:

13) What is your current job title or position? ____________________

14) How many months have you been employed there? ____________________

If not employed:

15) How many months since your last permanent job (exclude temporary jobs)? _______

16) What was your job title or position while employed at this job? ____________

____

17) Did you lose this job because of drinking? (1) No _____ (2) Yes _____
(If no, specify reason for leaving and interviewer make decision if it was an indirect cause of drinking. Yes _____ No _____)

18) In the past 12 months, how many weeks were you employed full time? _____

If housewife:

19) How many times in the past 12 months has someone (spouse, relatives, neighbors) suggested that you have neglected your household or family duties due to drinking? ______________________________

(Note to interviewer: Ask the remaining questions of all subjects)

20) How many full time jobs (including present job) did you have in the last 12 months? ______________________________

21) How many different part time jobs (including present job) did you have in the last 12 months? ______________________________

22) How many days were you employed in the last year? ____________________

23) How many times in the last 12 months were you fired or laid off a job as a result of drinking? ______________________________

24) In the last 12 months how many jobs did you quit or leave as a result of your drinking? ______________________________

25) As accurately as possible, how many days of work have you missed in the last 12 months? ______________________________

26) How many of these missed work days were as a result of drinking? __________

27) What is the longest time (in years) that you have held the same job? __________

28) (Show Card) During the past 12 months what was your major source of income?

_____ (0) None
_____ (1) Earned from employment
_____ (2) Money from family, relatives or friends
_____ (3) Unemployment compensation
_____ (4) VA Benefits
_____ (5) Social Security and/or retirement benefits
_____ (6) Welfare (specify type of aid) ______________________________
_____ (7) Disability (specify) ______________________________
_____ (8) Spouse's income
_____ (9) Other (specify) ______________________________

29) (Show Card) What was your total income in the last 12 months? (Note to interviewer: Tell subject only include his/her income not his/her spouse's.)

_____ (1) $3000 or less
_____ (2) $3000 - $5000
_____ (3) $5001 - $10,000
_____ (4) $10,001 - $15,000
_____ (5) $15,001 - $20,000
_____ (6) More than $20,000

30) (Show Card) What has been your highest annual income ever? (Note to interviewer: Tell subject only to include his/her income not his/her spouse's.)

_____ (1) $3000 or less
_____ (2) $3000 - $5000
_____ (3) $5001 - $10,000
_____ (4) $10,001 - $15,000
_____ (5) $15,001 - $20,000
_____ (6) More than $20,000

31) (Show Card) When did you earn your highest income?

_____ (1) More than 5 years ago
_____ (2) 4-5 years ago
_____ (3) 2-3 years ago
_____ (4) This last year

32) (Show Card) What has been your total annual income in the last 12 months? (Note to interviewer: Tell subject this figure is to include spouse's income.)

_____ (1) $3000 or less
_____ (2) $3000 - $5000
_____ (3) $5001 - $10,000
_____ (4) $10,001 - $15,000
_____ (5) $15,001 - $20,000
_____ (6) More than $20,000

33) How many total times in your life have you ever been arrested? ______________
(Note to interviewer: If none, skip rest of section. Go to Question 41.)

34) Have you ever been in prison? (1) No _____ (2) Yes _____ If yes, where, when and circumstances surrounding this incarceration (probe for indications of violent behavior.) ______________________________
____

35) How many of the total numbers of arrests were for being drunk in public? _______

36) How many of the total number of arrests were for drunk driving? ______________
(If none, go to Question 38.)

37) How many times has your driver's license been suspended or revoked as a result of drunk driving arrests? ______________________________

38) In the last 12 months (from __________ to __________) how many times have you been arrested? _______________ List arrests and the types of charges per arrest.

Arrest type (describe charge(s))	Date arrested	Date Released	Where name of jail and county	If arrests drinking-related, B.A.C. level if known

(Interviewer Summary):

Number of drunk driving charges __________
Number of drunk in public, disorderly conduct charges __________
Number of other charges __________

39) Have you been on probation or parole in the last 12 months?

_____ (1) No
_____ (2) Yes, for alcohol-related offenses
_____ (3) Yes, for non-alcohol-related offenses

40) Are you currently on any kind of probation or parole?

_____ (1) No
_____ (2) Yes, formal probation
_____ (3) Yes, Summary probation (no reporting)

If yes, to whom? (List agency and P.D.) ______________________________
____

41) (Show Card) Which, if any, members of your family have or had a drinking problem?

_____ (0) No one
_____ (1) Father
_____ (2) Mother
_____ (3) Sister(s)
_____ (4) Brother(s)
_____ (5) Uncle/Aunt(s)
_____ (6) Grandparent(s)
_____ (7) Child(ren)
_____ (8) Spouse
_____ (9) Other (describe) ____________________
____

MEDICAL/PHYSICAL HISTORY

42) (Show Card) Which of the following medical or physical problems have you been treated for in the last 12 months?

_____ (0) None
_____ (1) Diabetes
_____ (2) Epilepsy
_____ (3) Head injury
_____ (4) Memory problems
_____ (5) Ulcer
_____ (6) Heart problems
_____ (7) Kidney problems
_____ (8) Liver problems, fatty liver
_____ (9) Hypertension
_____(10) High blood pressure
_____(11) Stomach problems
_____(12) Respiratory problems
_____(13) Cirrhosis
_____(14) Hepatitis
_____(15) Visual problems (this does not include needing eye glasses.)
_____(16) Other (describe) ____________________
____

43) (Show Card) Which of the following medical or physical problems are you currently being treated for?

_____ (0) None
_____ (1) Diabetes
_____ (2) Epilepsy
_____ (3) Head injury
_____ (4) Memory problems
_____ (5) Ulcer
_____ (6) Heart problems
_____ (7) Kidney problems
_____ (8) Liver problems, fatty liver
_____ (9) Hypertension
_____(10) High blood pressure
_____(11) Stomach problems
_____(12) Respiratory problems
_____(13) Cirrhosis
_____(14) Hepatitis
_____(15) Visual problems (this does not include needing eye glasses.)
_____(16) Other (describe) ____________________
____

44) When was the first time you sought treatment for your drinking problem?

Date: ____________________

Type of Treatment: ____

45) For the last 12 months how often did you use any of the following treatment supports or programs as a result of your drinking? For ease of recording your answers, please indicate your answer as (Show Card to subject) Never, One Time, Sometimes (Less Than Once A Month), or Frequently (More Than Once A Month).

(1) Never (2) One Time (3) Sometimes (Less Than Once A Month)
(4) Frequently (More Than Once A Month)

Order	Frequency	
____	________	Alcoholics Anonymous (AA)
____	________	Antabuse
____	________	Outpatient Clinic program
____	________	Halfway House/Residential Programs
____	________	Marriage/family counseling
____	________	Religious counseling (priest, minister, etc.)
____	________	Private doctor (general M.D.)
____	________	Private therapist
____	________	Vocational Rehabilitation Program
____	________	Other ________________________________

46) For the last 12 months, in what order did you use the treatment supports or programs that are listed in the previous question? (Note to interviewer: If more than one treatment support or program was used at the same time, tell subject to give them both the same number.)

(I) First (II) Second (III) Third (IV) Fourth

47) In the last 12 months (from ________ to ________) how many different times did you use a facility such as halfway house or residential program (i.e., Edgehill Newport, Emerson House, Good Hope Center, Gray Rock, Harmony House, Kent House, Minority Alcoholism Program, Salvation Army, Starlite Farm, Steppingstone, Sweet House, Talbot House, Tri-Hab House, Wilson House)?

Name of Facility (specific name)	City/State	Date Entered	Date Left
____________	________	________	______
____________	________	________	______
____________	________	________	______
____________	________	________	______

48) Last year (from __________ to __________) how many different times were you hospitalized for alcohol-related reasons (i.e., detox, withdrawals, gastritis, etc.)?

(Note to interviewer: Ask subject specifically if he/she was hospitalized for alcohol problems in either alcohol units or in a general facility in the last 12 months.)

Beach Hill Hospital
Butler Hospital
Doctor's Hospital
Fuller Memorial Hospital
I.M.H. (R.I. Medical Center)
Mt. Pleasant Hospital
Newport Hospital
V.A. Hospital

Name of Hospital	City/State	Date Hospitalized	Date Released

49) Since you have had a drinking problem, what is the longest number of days in a row you have gone without drinking any alcohol - totally abstinent (not including time spent in jail, hospital, halfway house or residential program)? ____________________
When was this? ____________________

(Note to interviewer: Be explicit in defining "abstinent" to the client.)

50) (Show Card) Last year (from __________ to __________) when you were drinking where did you usually do most of your drinking?

_____ (1) Home/Apt.
_____ (2) Bar
_____ (3) Single Room
_____ (4) Parties/Social gatherings
_____ (5) Combination of (1) and (2)
_____ (6) On the streets
_____ (7) Other (describe) ____________________

51) (Show Card) Last year (from __________ to __________) with whom did you usually drink?

_____ (1) Always alone
_____ (2) Always with others
_____ (3) Sometimes alone, sometimes with others
_____ (4) Other (describe) ____________________

Time Interview Ended ____________________

Comments of the client are considered:

_____ (1) Largely reliable
_____ (2) Doubtful
_____ (3) Unreliable
_____ (4) No possible judgment

Additional Comments:

____
____
____
____
____
____
____
____
____

____
Signature of Intake Interviewer

____
Date

PROJECT FOR ALCOHOLIC COUPLES TREATMENT
CLIENT FOLLOW-UP INTERVIEW AND
SPOUSE FOLLOW-UP INTERVIEW

Author: Barbara S. McCrady

Assessment Areas Covered: Alcohol consumption, daily drinking quantity, intensity of desire to drink, decision to drink/not drink, perception of drinking problem, use of alcoholism treatment, drug use, arrests, legal, employment, residence, spouse relations

Administration: Telephone interview (20 minutes), designed for monthly followup contacts

Design Features: 27 items (client form), 23 items (spouse form); parallel forms ask same questions of client and spouse

Abstract:

Information about drinking and occupational, legal, and marital functioning are collected by using a structured telephone interview. Questions are designed to cover a 1-month period. The interview is used monthly to collect continuous information about posttreatment adjustment. The interviews were adapted from followup interview formats first developed by Sobell and Sobell, and modified by Longabaugh and his colleagues. Development of the Client Follow-Up Interview was supported by NIAAA Grant AA03984, "Marital, Spouse and Self-Control Therapy of Alcoholics."

Related Published Reports:

McCrady, B.S., and Noel, N.E. "Assessing the Optimal Mode of Spouse Involvement in Outpatient Behavioral Alcoholism Treatment." Presented at the Annual Meeting of the Association for Advancement of Behavior Therapy, Los Angeles, California, November 1982.

Sobell, L.C.; Sobell, M.B.; and Ward, E., eds. Evaluating Alcohol and Drug Abuse Effectiveness. New York: Pergamon Press, 1979.

Longabaugh, R.; McCrady, B.; Fink, E.; Stout, R.; McAuley, T.; Doyle, C.; and McNeill, D. Cost effectiveness of alcoholism treatment in partial vs. inpatient setting: Six-month outcomes. Journal of Studies on Alcohol, 44:1049-1071, 1983.

Availability Source: Barbara S. McCrady, Ph.D., Center of Alcohol Studies, Rutgers-The State University of New Jersey, Busch Campus, Piscataway, New Jersey 08854

CLIENT FOLLOW-UP INTERVIEW

Interview No. ____________

Client number ______________________

Client name ______________________ Interviewer ______________

Spouse name ______________________ Date _________ Time _____

Last telephone interview: Date _________ Time _________

No. of days since last telephone interview _________

Contact made by:

- ____ Interviewer called: ____residence ____place of work
- ____ Client called
- ____ Letter
- ____ At Butler Hospital
- ____ Other (specify): ____

Note to interviewer:

1) Review comments on client coding sheet.

2) Be sure to ask the following questions before starting the interview:

— Would you prefer to talk from another phone or call me back?

— This interview should take ____ minutes. Is this a good time to talk?

Time Interview ended: __________

Signature of interviewer: ________________________

Please log comments on Client Coding Sheet.

Next follow-up call:

Date: ______________

Time: ______________

New Phone #: _____________

Note to interviewer:

Ask the client to have target calendar handy. Indicate to him/her the number of days since the last follow-up interview. Divide the time period into weeks beginning with Monday and ending Sunday and list dates below. Help client target boundaries for each week. Be sure to ask female clients to target their menstrual cycle.

Ask the following questions, #1-13, for Week 1, then repeat for Week 2, etc., until every week has been completed. Mark the answers for question #1 on the interviewer's calendar and answers for #2 and #3 on the client coding sheet.

1)

a) During Week _____, what days were you abstinent?
b) During Week _____, what days were you drinking?

(Ask the following questions for each drinking day):

i) How much beer did you drink on __________?

_____ more than 6 oz.
_____ between 3 and 6 oz.
_____ between 1 and 2 oz.

ii) How much wine did you drink on __________?

_____ more than 6 oz.
_____ between 3 and 6 oz.
_____ between 1 and 2 oz.

iii) How much liquor did you drink on __________?

_____ more than 6 oz.
_____ between 3 and 6 oz.
_____ between 1 and 2 oz.

2) During the week from __________ to __________, how would you rate your intensity of thoughts about having a drink on a scale of 1 to 7?

1 = low intensity
4 = moderate intensity
7 = extreme intensity

3) During the week from __________ to __________, how would you rate your marital satisfaction on a scale of 1 to 7?

1 = extremely dissatisfied
4 = satisfied
7 = extremely satisfied

Note to Interviewer:

If client has reported any drinking ask following questions:

1) Since your last follow-up contact, at those times when you were drinking, how did you view your drinking problem? As:

_____ no problem at all
_____ a slight problem
_____ a moderate problem
_____ a very serious problem

2) Since your last follow-up contact, at those times when you were not drinking, how did you view your drinking problem? As:

_____ no problem at all
_____ a slight problem
_____ a moderate problem
_____ a very serious problem

3) Since your last follow-up contact, how would you describe your drinking?

_____ moderate or controlled drinking
_____ periodic problem drinking
_____ steady problem drinking

Note to interviewer:

If client has reported no drinking, ask the following questions:

4) Since the last follow-up contact, how do you view your drinking problem? As:

_____ no problem at all
_____ a slight problem
_____ a moderate problem
_____ a very serious problem

Note to interviewer:

Ask the following question of all clients:

5) Since your last follow-up contact, would you say that your ability to cope with your drinking problem has improved, worsened, or stayed about the same?

_____ improved
_____ worsened
_____ stayed about the same

6) Have you been treated for any alcohol-related problems since the last follow-up contact? (detox, withdrawals, gastritis, etc.)?

____ No
____ Yes

Problem	Name of hospital or facility	City	Dates and # days hospitalized

7) Have you been hospitalized since the last follow-up contact?

____ No
____ Yes

Problem	Name of hospital	City	Dates and # days hospitalized

8) Have you used any other therapeutic supports since the last follow-up contact (AA, private therapists, mental health clinic, OP hospital program, BHOP, Antabuse, etc.)?

____ No
____ Yes

Type(s) or name of facility	Frequency

9) Are you currently using any prescribed drugs?

_____ No
_____ Yes

If yes:

Name	Prescribed Dosage	Actual Dosage	Frequency
________	________	_____	________
________	________	_____	________
________	________	_____	________
________	________	_____	________

Do you see your use of this drug (these drugs) as a problem?

_____ No
_____ Yes

10) Are you currently using any nonprescribed drugs?

_____ No
_____ Yes

If yes:

Name	Dosage	Frequency
____________	_____	_______
____________	_____	_______
____________	_____	_______
____________	_____	_______

Note to interviewer:

Ask question #11 of females.

11) Do you use oral contraceptives?

_____ No
_____ Yes

If yes:

From __________ to __________

12) Have you been arrested for alcohol-related problems since the last follow-up contact?

_____ No
_____ Yes

If yes:

City _______________

City or county Jail _______________

Dates & number of days incarcerated _______________

Indicate the number of times for each charge (use zero for none):

_____	Drunk in public (647F)	_____	Drunk in auto
_____	Drunk driving (502)	_____	Reckless driving
_____	Disturbing the peace	_____	Open container

_____ Other (describe) _______________

Verified: _______________

____

13) What is your current employment status?

_____ (1)	full-time	_____ (6)	disabled
_____ (2)	part-time	_____ (7)	full-time student
_____ (3)	self-employed	_____ (8)	housewife
_____ (4)	works at odd jobs	_____ (9)	retired
_____ (5)	unemployed	_____(10)	other (describe) _______________

14) Have you changed jobs since your last follow-up interview?

_____ No
_____ Yes

If yes, describe the circumstances surrounding the change and what kind of work you are now doing:

New employer _______________

Personnel Director _______________

Phone ___________ ext. _____

15) Have you lost your job since the last follow-up interview?

_____ No
_____ Yes

If yes, were you:

_____ fired
_____ resigned
_____ asked to quit
_____ other (describe) _____________________

16) Did you leave due to alcohol-related problems?

_____ No
_____ Yes

17) How many days have you missed work since the last follow-up interview? _____

18) How many of these days have been due to drinking? _____

19) Approximately what was your average monthly income in this last month? _______________

20) What has been your major source of financial support since the last follow-up interview?

_____ job
_____ family, relatives or friends
_____ unemployment compensation
_____ VA benefits
_____ Social Security and/or retirement benefits
_____ Welfare
_____ disability
_____ spouse
_____ other (describe): _________

21) How many full-time jobs have you had since the last follow-up interview? _____

22) How many part-time jobs have you had since the last follow-up interview? _____

23) Where have you been living since the last interview? (i.e., apartment, home, motel, halfway house, etc.) _____________________

24) With whom have you been living since the last follow-up interview?

Name	Relationship	# days
____________	__________	_____
____________	__________	_____
____________	__________	_____
____________	__________	_____

25) Have you lived separated from your spouse since the last interview?

_____ No
_____ Yes

From ____________ to ____________

26) How many times have you moved since the last interview? _____

New contacting address: ______________________________

____

Phone: ____________________

27) Since your last follow-up interview, how often did you engage in the following social/recreational activities? Please indicate your answer as either NEVER, ONE TIME, SOMETIMES or FREQUENTLY. (Note to interviewer: Ask subject to give an answer for each category.)

(1) Never (2) One time (3) Sometimes (once a week) (4) Frequently (more than once a week)

_____ Adult Education

_____ Bars

_____ Church activities

_____ Community activities (i.e., Masons, Legion, League of Women Voters, NOW)

_____ Dinner parties/social engagements

_____ Recreational activities (i.e., cards, dancing, pool, picnics)

_____ Sports

_____ Volunteer work

_____ Other (describe): ______________

____

SPOUSE FOLLOW-UP INTERVIEW

Interview No. ____________

Spouse name ________________________

Client number _________

Client name ________________________

Last telephone interview: Date __________ Time __________

No. of days since last telephone interview __________

Contact made by:

_____ Interviewer called: _____residence _____p;ace of work

_____ Spouse called

_____ Letter

_____ At Butler Hospital

_____ Other (specify): ____

Note to interviewer:

1) Review comments on spouse coding sheet.

2) Be sure to ask the following questions before starting the interview:

-- Would you prefer to talk from another phone or call me back?

-- This interview should take _____ minutes. Is this a good time to talk?

Note to interviewer:

Ask the spouse to have target calendar handy. Indicate to him/her the number of days since the last follow-up interview. Divide the time period into weeks beginning with Monday and ending Sunday and list dates below. Help spouse target boundaries for each week. (Be sure to ask female spouses to target their menstrual cycle.)

Ask the following questions, #1-#4, for Week 1, then repeat for Week 2, etc., until every week has been completed. Mark the answers on the spouse's coding sheet.

1) How many days during Week _____ did your spouse drink? _____

2) How would you describe your spouse's drinking severity during this week?

_____ abstinent
_____ extremely light
_____ moderate
_____ extremely heavy

3) During Week _____, how would you rate your spouse's intensity of thoughts about having a drink on a scale of 1 to 7?

1 = low intensity
4 = moderate intensity
7 = extreme intensity

4) How would you rate your marital satisfaction on a scale from 1 to 7?

1 = extremely dissatisfied
4 = satisfied
7 = extremely satisfied

1) Since the last follow-up contact, how do you view your spouse's drinking problem? As:

_____ no problem at all
_____ a slight problem
_____ a moderate problem
_____ a very serious problem

2) Since the last follow-up contact, would you say that your spouse's ability to cope with their drinking problem has inproved, worsened, or stayed about the same?

_____ improved
_____ worsened
_____ stayed about the same

3) Has your spouse been treated for any alcohol-related problems since the last follow-up contact? (detox, withdrawals, gastritis, etc.)?

_____ No
_____ Yes

Problem	Name of hospital or facility	City	Dates and # days hospitalized

4) Has your spouse been hospitalized since the last follow-up contact?

_____ No
_____ Yes

Problem	Name of hospital	City	Dates and # days hospitalized

5) Has your spouse used any other therapeutic supports since the last follow-up contact (AA, private therapists, mental health clinic, OP hospital program, BHOP, Antabuse, etc.)?

_____ No
_____ Yes

Type(s) or name of facility	Frequency

6) Is your spouse currently using any prescribed drugs?

_____ No
_____ Yes

If yes:

Name	Prescribed Dosage	Actual Dosage	Frequency

Do you see your spouse's use of this drug (these drugs) as a problem?

_____ No
_____ Yes

7) Is your spouse currently using any non-prescribed drugs?

_____ No
_____ Yes

If yes:

Name	Dosage	Frequency
____________	______	_________
____________	______	_________
____________	______	_________
____________	______	_________

Do you see your spouse's use of this drug (these drugs) as a problem?

_____ No
_____ Yes

8) Has your spouse been arrested for alcohol-related problems since the last follow-up contact?

_____ No
_____ Yes

If yes:

City ____________________

City or county Jail ____________________

Dates & number of days incarcerated ______________________________

Indicate the number of times for each charge (use zero for none):

_____ Drunk in public (647F)
_____ Drunk driving (502)
_____ Disturbing the peace
_____ Drunk in auto
_____ Reckless driving
_____ Open container
_____ Other (describe) ______________________________

Verified: ____
____

9) What is your spouse's current employment status?

_____ (1) full-time
_____ (2) part-time
_____ (3) self-employed
_____ (4) works at odd jobs
_____ (5) unemployed
_____ (6) disabled
_____ (7) full-time student
_____ (8) housewife
_____ (9) retired
_____ (10) other (describe) _____________________

10) Has your spouse lost or changed jobs since the last follow-up contact?

_____ No
_____ Yes

If yes, describe the circumstances surrounding the change and what kind of work he/she is now doing:

_____ fired
_____ resigned
_____ asked to quit
_____ other (describe) _____________________

New employer: _____________________

11) Did your spouse leave due to alcohol-related problems?

_____ No
_____ Yes

12) How many days has your spouse missed work since the last follow-up interview? _____

13) How many of these days have been due to drinking? _____

14) Approximately what was your average monthly income in this last month?

____

15) What has been your major source of financial support since the last follow-up interview?

_____ Job
_____ Family, relatives or friends
_____ Unemployment Compensation
_____ VA Benefits
_____ Social Security and/or retirement benefits
_____ Welfare
_____ Disability
_____ Spouse
_____ Other (describe): _____________________

16) How many full-time jobs has your spouse had since the last follow-up interview? _____

17) How many part-time jobs has your spouse had since the last follow-up interview? _____

18) Where has your spouse been living since the last follow-up interview? (i.e., apartment, home, motel, halfway house, etc.) ____________________

19) With whom has your spouse been living since the last follow-up interview?

Name	Relationship	# days
____________________	_____________	_____
____________________	_____________	_____
____________________	_____________	_____
____________________	_____________	_____

20) Have you lived separated from your spouse since the last follow-up interview?

_____ No
_____ Yes

From ____________ to ____________

21) How many times has your spouse moved since the last interview? _____

New contacting address: ____
____

Phone: ________________________

22) Since your last follow-up interview, how often did your spouse engage in the following social/recreational activities? Please indicate your answer as either NEVER, ONE TIME, SOMETIMES or FREQUENTLY. (Note to interviewer: Ask subject to give an answer for each category.)

(1) Never (2) One time (3) Sometimes (once a week) (4) Frequently (more than once a week)

_____ Adult Education
_____ Bars
_____ Church activities
_____ Community activities (ie., Masons, Legion, League of Women Voters, NOW)
_____ Dinner parties/social engagements
_____ Recreational Activities (ie., cards, dancing, pool, picnics)
_____ Sports
_____ Volunteer work
_____ other (describe): _______
____

23) Have you changed jobs since the last follow-up interview?

_____ No
_____ Yes

If yes, check current employment status:

_____ (1) full-time job
_____ (2) part-time job
_____ (3) self-employed
_____ (4) works at odd jobs
_____ (5) Unemployed

_____ (6) disabled
_____ (7) Welfare
_____ (8) full-time student
_____ (9) housewife
_____(10) retired

_____(11) other (describe): ______________________________
____

Name of new employer: ______________________________

Convenient to contact for follow-ups at work?

_____ No
_____ Yes

Phone #: ____________________

Time interview ended: __________

Signature of interviewer: ____________________

Please log comments on Spouse Coding Sheet.

Next follow-up call:

Date: __________

Time: __________

New Phone #: _________

CLINICAL SCREENING INTERVIEW

Authors:	Barbara S. McCrady and D.B. Abrams
Assessment Areas Covered:	Drinking history, detoxification, need for, mental health, physical health, history of emotional problems, medications, spouse alcohol/drug use
Administration:	Interview (60 to 90 minutes), minimal handwriting required, at screening and intake
Design Features:	64 questions, open-ended response format, includes two standardized questionnaires (Mini Mental Status Exam and portions of the Present State Examination)
Abstract:	This interview was designed to screen subjects for eligibility for a study of differing types of spouse-involved outpatient alcoholism treatment. Specific sections screen for drug abuse, psychosis, organic disorders, and the need for detoxification prior to treatment. Client and spouse perceptions of the nature of the drinking problem are also assessed. There are no validity or reliability studies on the overall interview. However, there are two structured screening interviews that are incorporated: the Present State Examination and the Mini Mental Status Examination, both of which have reported validity studies. Development of the Clinical Screening Interview was supported by NIAAA Grant AA03984, "Marital, Spouse and Self-Control Therapy of Alcoholics."
Related Published Reports:	Folstein, M.F.; Folstein, S.E.; and McHugh, P.R. "Mini-mental state." A practical method for grading the cognitive state of patients for the clinician. Journal of Psychiatric Research, 12:189-198, 1975. Wing, J.K.; Cooper, J.E.; and Sartorius, N. Measurement and Classification of Psychiatric Symptoms. London: Cambridge University Press, 1974. McCrady, B.S. Conjoint behavioral treatment of an alcoholic and his spouse: The case of Mr. and Mrs. D. In: Hay, W.M., and Nathan, P.E., eds. Clinical Case Studies in the Behavioral Treatment of Alcoholism. New York: Plenum Press, 1982.
Availability Source:	Barbara S. McCrady, Ph.D., Center of Alcohol Studies, Rutgers-The State University of New Jersey, Busch Campus, Piscataway, New Jersey 08854

CLINICAL SCREENING

I. Introduction to Clients

a) Reviewed telephone information

b) Purpose of interview

- i) To describe the program briefly
- ii) To get to know the clients, their problems and how we can help them
- iii) To give clients chance to get to know the program and staff
- iv) To sum up at the end and decide if program is suitable and if clients want to commit themselves
- v) If program is not suitable to give reasons and a referral

c) Structure of the interview

- i) It will take 1½-2 hours.
- ii) Clients will be asked to complete some questionnaires.
- iii) Vital signs and breath sample will be taken.
- iv) Interview of client and spouse for about 1 hour to obtain:
  - a) Drinking history and need for detoxification
  - b) Screen for polydrug abuse
  - c) Screen for psychosis (Present State Exam)
  - d) Screen for organicity (Mini Mental Status)
  - e) Client or spouse in other treatments - details
- v) Sum up data from questionnaires and interview.
- vi) Answer questions clients may have, reach consensus on issues
- vii) Decision about acceptance/referral

d) If accepted, go over consent form

- i) Describe fee schedule and payback of deposit.
- ii) Sign consent form (If necessary describe program in more detail).
- iii) Decide on need for inpatient detoxification.
- iv) If no need for detoxification then refer clients to secretary to schedule Research Baseline Interview.
- v) Decide on physical exam or get records of last physical.

Date: ______________ Name of Client: __________________________

Name of interviewer: ________________ Name of Spouse: __________________________

Therapist Note: If client appears confused, is showing withdrawal symptoms, or is intoxicated one may wish to proceed directly to relevant sections (e.g., Section C - current drinking and detox screen, Section D - Mini Mental Exam). Once it is established what state the client is in, then if he/she is impaired and will definitely be admitted to the Hospital parts of the interview can be deferred until the 3rd or 4th day following admission after decrease in acute symptomatology. Otherwise clinical judgment should be used about continuing the interview.

Quick Reference Guide to Sections

Name	Section	Page
Introduction and demographics	A	1
Basic Eligibility cutoffs	B	2
Current Drinking Status	C	10
Screen for detoxification	C	10
Mini Mental Status Exam	D	13
Present State Exam Rating Sheet	E	15

BREATH TEST AND VITAL SIGNS:

Name: ________________________________

Blood Pressure: ____________________ mm Hg.

Pulse Rate: ____________________ beats per minute

Temperature: ____________________

BAL Reading: ____________________ mg.%

CLINICAL INTERVIEW

(Therapist Note: Clients should be informed about purpose and structure of interview. They should be told that some information was already obtained on the telephone. In order to put clients at ease the therapist may wish to briefly review the telephone screen data and use this as a lead-in to ask the following demographic questions.)

Section A. Demographics

Review from the telephone screen client's full name, address, telephone number and age.

1. When were you born? ______________________
month day year

2. Ask spouse: a) How old are you? ____
b) And your date of birth? ______________________
month day year

3. a) How long have you two been married? ____ years
b) Do you have any children? Yes / No If yes, how many? ____
Their ages? ________
How many living at home? ____

4. Medical Insurance, details of coverage: Plan: __________ Date: ______
Number: ____________________

5. When did you last have a physical?

Doctor's name: ______________________
Address: ______________________
____

Date of physical: ______________________

Therapist Note: If client has not had a physical in last 6 months then a physical is required. If client has had a physical in last 6 months have him/her sign release of information consent form to obtain medical records.

Section B. Current Presenting Problems

(To begin with I'd like to get an idea of the sort of problems that have been troubling you.)

6. a) What have been the main difficulties that led to you calling? ________________

____

b) Did concerns about drinking alcohol play a significant part in your decision to seek help at this time? Yes / No ________________

____

c) Are there any additional problems that concern you? ________________

____

7. a) Ask spouse: How do you see the drinking problem(s)? ________________

____

b) Ask spouse: And how does this affect you? ________________

____

8. Have you been hospitalized for any medical problems?

What problem? ________________

Where hospitalized? ________________

When (dates)? ________________ to ________________

What problem? ________________

Where hospitalized? ________________

When (dates)? ________________ to ________________

9. Are you currently in treatment for anything at all (prompts: medical, any groups like AA, or emotional?) Yes / No If yes, details: ________________

____

10. Ask spouse: Are you currently in treatment for anything at all? Yes / No
If yes, details: ______________________________

____

Prompt: How about groups like ALANON? ______________________________

Therapist Note: If either client or spouse are currently in any form of group or individual psychotherapy, establish whether this is likely to continue while they are participants in this project. If clients wish to quit therapy, defer acceptance decision, ask them to talk to current therapist.

DECISION: IF EITHER CLIENT OR SPOUSE CURRENTLY IN TREATMENT - INELIGIBLE - END INTERVIEW.

---

11. a) Have either of you ever been treated for any emotional/nervous problems not related to drinking? Yes / No If yes:

Client: What problems: ______________________________

Where hospitalized: ______________________________

When (dates): ______________ to ______________

Spouse: What problems: ______________________________

Where hospitalized: ______________________________

When (dates): ______________ to ______________

b) Which members of your family (if any) have had emotional problems (prompt: Has anyone ever been treated/hospitalized for any emotional problem?) Yes / No If yes:

Relationship______________ (blood relative)?______________

type of problem______________________________

where treated______________________________

dates of treatment __________ to __________ last: __________ to __________

medication details:______________________________

__Therapist Note__: If client has a __primary__ diagnosis of a major psychotic disorder (schizophrenia, schizo-affective, manic-depressive), this is grounds for exclusion - consider going to PSE to clarify and terminate interview.

---

12. a) Are either of you currently taking any drugs or medication? Yes / No
__If yes__, prescribed? _____ Nonprescribed? _____

__Client__: Name of drug ____________________

For what? ____________________

Dose mg/day ____________________

For how long using? ____________________

Plans to stop ____________________

__Spouse__: Prescribed? _____ Nonprescribed? _____

Name of drug ____________________

For what? ____________________

Dose mg/day ____________________

For how long using? ____________________

Plans to stop ____________________

__If no__, prompt: Anything for sleep, headaches, pain, anxiety, nerves, depression?

b) If drugs have been used ask: Are any of these drugs causing unpleasant side effects or other problems? Yes / No

Drug: ____________ Problem: ____________

Drug: ____________ Problem: ____________

13. __Ask only if problem drinker is a woman__: Are you currently taking birth control medication? Yes / No If yes, when did you start? ____________
If no, have you taken any in the past? Yes / No
If yes to either of above get details for past usage:

Name of drug ____________________

Dates from ____________ to ____________

14. a) In the past have either of you ever used any drugs other than alcohol? Yes / No (Prompt: For example; marijuana, amphetamines, heroin, cocaine).

If yes:

Client: Prescribed? _____ Nonprescribed? _____

Name of drug ____________________

For what? ____________________

How much/day ____________________

How regularly ____________________

When and for how long? __________ to __________

Spouse: Prescribed? _____ Nonprescribed? _____

Name of drug ____________________

For what? ____________________

How much/day ____________________

How regularly ____________________

When and for how long? __________ to __________

b) If illicit drugs have been used ask: What problems has this caused you? _____

____

c) Are you still concerned about these drugs now? ____________________

15. a) Have you been treated for any drug-related difficulties other than alcohol? Yes / No

If yes:

Client: What problem and name drugs __________ __________

Where treated (hospital, other)? __________ __________

Treatment __________ __________

Dates of treatment? _____ to _____ _____ to _____

b) **Spouse:** Yes / No

What problem and name drugs? ____________ ____________

Where treated (hospital, other)? ____________ ____________

Treatment ____________ ____________

Dates of treatment ____ to ____ ____ to ____

DECISION: POLYDRUG ABUSE REGULAR USE OF ILLICIT OR MOOD ALTERING DRUGS (NOT INCLUDING MINOR TRANQUILIZERS AS PRESCRIBED- OTHER PRESCRIBED DRUGS TAKEN AS DIRECTED OR MILD MARIJUANA USE).

GUIDELINES: --YES TO Q10 IN LAST 6 MONTHS AND ? OF UNSUCCESSFUL TREATMENT.

--Q8, Q9 JUDGE SEVERITY, REGULAR USE, CAUSING PROBLEMS AND TYPE OF DRUG.

Therapist Note: Review couple's Locke-Wallace Marital Form

Client: Score= ____________
Spouse: Score= ____________

Review Client's MAST score
Score= ____________

Review Spouse MAST score
Score= ____________

DECISION: MARITAL SCORE OF BOTH PARTNERS > 100 - INELIGIBLE -
CLIENT MAST < 5 - INELIGIBLE - END INTERVIEW.

(Note: If MAST < 5 Ask why clients came): ____________

____

Attempt to elicit drinking as a problem: ____________

Client Follow-up MAST questions: (Establish true and current drinking problem).

16. a) I would like to know how recently some of the things have happened which you marked on the questionnaire. For each one please tell me the most recent time it occurred and also whether your own concern about the problem contributed to your coming into treatment at this time?

Question on MAST	Last Occurrence	Current Concern

b) If client has 4 consequences occurring in the last 12 months, ask client to explain in detail what problems alcohol caused in last 12 months. (unless this is already clear from Q1a and 1b, i.e., establish if there is a true and current drinking problem). ____________________

____

____

17. Have you had anything at all to drink in the last 60 days? Yes / No

---

DECISION: NO ALCOHOL AT ALL LAST 60 DAYS - INELIGIBLE - END INTERVIEW.

DECISION: NO TRUE AND CURRENT DRINKING PROBLEM - INELIGIBLE - END INTERVIEW.

GUIDELINES: --Q6a) No, Q6b) No, Q16a) and b) - INELIGIBLE

--Q6a)?Yes, Q6b) No, Q16a) and b) < 4 occurrences in last 12 months - INELIGIBLE

--Q6a) No, Q6b) Yes, Q16a) Yes but < 4 occurrences; then use Q16b) information and clinical judgment.

Therapist Note: If spouse MAST = 0 Go to Q18.
If spouse MAST < 5 Go to Q19.
If spouse MAST ≥ 5 Go to Q19 to Q22 inclusive

Spouse Follow-up MAST questions

18. Ask spouse: Do you drink (alcohol)? Yes / No
(If no, to Q24)

19. Ask spouse: Have you consumed any alcohol in the last month? Yes / No
If no, when was the last time? Month__________ Year __________
If yes, when was that? Day __________ Time __________

20. Ask spouse: Does your current use of alcohol cause any problems for you?
Yes / No
If yes, what problems in last month? ______________________________
If no, to Q24 unless MAST (spouse) ≥ 5.

21. Ask spouse: Did your concerns about your drinking alcohol play a significant part in your decision to seek help at this time?
Yes / No Details: ______________________________

____

22. Ask spouse: I would like to know how recently some of the things have happened which you marked on the questionnaire. For each one please tell me the most recent time it occurred and also whether your own concerns about the problem contributed to your coming into treatment at this time?

Question on MAST	Last Occurrence	Current Concern

23. If spouse has ≤4 consequences in last 12 months, ask spouse to explain what problems alcohol has caused in last 12 months in more detail: ______________

____

DECISION: SPOUSE HAS CURRENT SIGNIFICANT DRINKING PROBLEM - INELIGIBLE - END INTERVIEW.

GUIDELINES: SPOUSE MAST ≥ 5, YES TO Q19 AND THE FOLLOWING:

--Q20 Yes, Q21 Yes, Q22 Yes - INELIGIBLE

—Q20 No, Q21 Yes, Q22 Yes - INELIGIBLE

—Q20 Yes, Q21 No, Q22 Yes - INELIGIBLE

—Q20 Yes, Q21 Yes, Q22 No - INELIGIBLE

—Q20 No, Q21 No, Q22 Yes and >4 occurrences in last 12 months. See Q23 and judge severity.

Section C: Current Drinking Status and Detoxification Screening

24. a) When did you last have a drink of alcohol? Day: ________
Hour: ________

b) How much did you drink that last time? ________ of what? ________
(proof, type beer, wine)

Therapist Note: - drinking 8-30 days ago, to Q25.

- drinking < 12 hours ago, to Q27.

- drinking 12 hours-7 days ago, to Q26.

---

25. How are you feeling right now? (Any physical problems?) ____________________

____

____

If yes, to Q26. If no, to Q31.

26. Are you experiencing any of these feelings now? (Show Withdrawal Symptoms Card)

_____ Shaking
_____ Sweating
_____ Nausea
_____ Vomiting
_____ Diarrhea
_____ Trouble sleeping
_____ Having the "fears" (overwhelming anxiety)
_____ Feeling confused
_____ Seizures
_____ Seeing or hearing things that aren't there
_____ Not being sure where you are

DECISION: NEED FOR HOSPITALIZATION FOR DETOXIFICATION

GUIDELINES: —Yes to Q19. (JUDGE SEVERITY AND LENGTH OF TIME SINCE LAST DRINK)

(IF NECESSARY CONFIRM WITH FOLLOW-UP QUESTIONS 27-31 AND REFER TO VITAL SIGNS).

---

27. At any time in the past have you been treated for alcohol detoxification or withdrawal? Yes / No

If yes, have you:

a) Been in hospital Yes / No

Name of hospital ____________________

For what ____________________

Dates __________ to __________

b) Been in a residential treatment Yes / No

Name ____________________

Dates __________ to __________

28. On any days on which you did not drink, did you ever experience any of the following? (Show Withdrawal Symptom Card)

______ Shaking

______ Sweating

______ Nausea

______ Vomiting

______ Diarrhea

______ Trouble sleeping

______ Having "the fears" (overwhelming anxiety)

______ Feeling confused

______ Seizures

______ Seeing or hearing things that aren't there

______ Not being sure where you are

29. Have you ever taken a drink in the morning when you first got up? Yes / No
When was the last time? ____________________

30. Have you ever awakened from sleep and taken a drink to go back to sleep?
Yes / No When was the last time? ____________________

31. Have you suffered any memory lapses or "blackouts" because of alcohol? (Have there been periods when you could not remember what was happening or what you wanted to do or where things were?) ____________________

What was it like? ____________________

How did you explain it? ____________________

Were you drinking at the time? ____________________

DECISION: NEED FOR HOSPITALIZATION FOR DETOX/WITHDRAWAL

GUIDELINES: — Last drink 8-30 days ago - no need, unless clinical evidence.

— Last drink <12 hours ago; and yes to Q28 judge severity) or yes to Q27 or yes to Q29, Q30 (judge severity).

Therapist Note: If client will not be hospitalized for detoxification but is intoxicated (BAL +ve) judge safety of client (e.g., impairment of thought, suicide risk, danger to self or others). May want to obtain more information from Mini Mental Status. Also inform client what withdrawal symptoms are and tell him/her to call/come in if he/she experiences them in next few days if they are planning to abstain.

Section D. Mini Mental Status Exam

Suggested Introduction. I am now going to ask you some questions that we ask everybody routinely. Some of them may seem easy, others are harder. Just think about each and answer as best you can. Some questions may repeat things you have already told me, if so, please just answer them again.

	MAX	CLIENT SCORE
32. What is the date? ______ year ______ season ______ date ______ day ______ month (prompt: Can you tell me the...)	/5/	/ /
33. Where are we? ______ state ______ county ______ town ______ hospital ______ floor (prompt: Can you tell me the name of this...)	/5/	/ /
34. I would like to test your memory, ok? (One second apart say: "Here are some words: elephant, table, blue.") Can you repeat these words? ______ elephant ______ table ______ blue	/3/	/ /

Repeat until all 3 are recalled. Count trials required _____. (Max 6)
If client cannot recall all 3, memory cannot be tested later.
When all 3 are recalled, say "OK, now I will ask you them later."

	MAX	CLIENT SCORE
35. a) I would like you to count backwards for me. Begin at 100 and count backwards subtracting seven (7) at a time. (Stop after 5 subtractions.) Check: ____ 93 ____ 86 ____ 79 ____ 72 ____ 65	/5/	/ /

b) Note: If client cannot do serial 7's ask: Spell WORLD backwards.
D L R O W

	MAX	CLIENT SCORE
36. Can you remember the words I gave you earlier? ______ elephant ______ table ______ blue	/3/	/ /
37. Show client a) wrist watch (point to it) What is this? ___________ b) pencil (point) And what is this? ___________ (Check correct)	/2/	/ /
38. Repeat this after me please. "No ifs, ands or buts." ___________ (Check correct)	/1/	/ /

	MAX	CLIENT SCORE
39. (Give client a piece of blank paper.) Say, "Take a paper in your right hand, fold it in half, and put it on the floor." Hand _____ Fold _____ Floor _____	3	
40. (Do not say instruction out loud.) Show client card: "Close your eyes." Ask: I want you to read this and then do what it says. (Check correct) (Score only if client closes eyes).	1	
41. (Give client blank paper) Ask client: Can you write down a sentence for me? (Do not dictate, it must be spontaneous). (Check correct) _____	1	
42. Show Card of 2 intersecting pentagons to client. Give client paper and ask: Can you copy this, exactly as you see it please? (Check correct) _____	1	
TOTAL SCORE:	30	

DECISION: RULE OUT OBS

GUIDELINES: — Score > 25 - NORMAL (MEAN FOR NORMALS 27.6)

— 20-25 - IMPAIRED - QUESTIONABLE

— < 20 - SEVERE, USUALLY FUNCTIONAL PSYCHOSIS, OBS, DEMENTIA.

(NOTE: IN ETOH ABUSE - IMPAIRMENT COULD BE RELATED TO CURRENT INTOXICATION OR WERNICKE'S - REPEAT EXAM AFTER HOSPITALIZATION, DECREASE ACUTE PHASE AND TREATMENT.)

Section E.

PSE RATING SHEET

ITEM	RATING 0129	ALCOHOL INVOLVED	DETAILS/COMMENTS (of symptoms and their relation to drinking)
I. DEPRESSION	(circle one)	(circle one)	
43. Depressed mood	0 1 2 9	Y N	
44. Loss of interest	0 1 2 9	Y N	
45. a) Change in appetite	0 1 2 9	Y N	
b) Weight change loss/gain (circle one) # of lbs.	0 1 2 9	Y N	
46. Sleep disturbance	0 1 2 9	Y N	
47. Energy level	0 1 2 9	Y N	
48. a) Suicidal ideat./behav.	0 1 2 9	Y N	
b) Hopelessness/future	0 1 2 9	Y N	
49. Reactive precipitants	Yes/No	------	
50. Guilt	0 1 2 9	Y N	
51. Restlessness	0 1 2 9	Y N	

ITEM	RATING 0129	ALCOHOL INVOLVED	DETAILS/COMMENTS (of symptoms and their relation to drinking)
II. THOUGHT DISORDER	(circle one)	(circle one)	
52. Inefficient thinking	0 1 2 9	Y N	
53. Poor concentration	0 1 2 9	Y N	
54. Persecution delusions	0 1 2 9	Y N	
55. Ideas of reference	0 1 2 9	Y N	
56. Derealization	0 1 2 9	Y N	
57. Depersonalization	0 1 2 9	Y N	
58. Delusional mood	0 1 2 9	Y N	
59. Auditory hallucinations	0 1 2 9	Y N	
60. Visual hallucinations	0 1 2 9	Y N	
61. Other hallucinations (specify)	0 1 2 9	Y N	

ITEM	RATING 0129	ALCOHOL INVOLVED	DETAILS/COMMENTS (of symptoms and their relation to drinking)
III. MANIC STATE	(circle one)	(circle one)	
62. Expansive mood	0 1 2 9	Y N	
63. Subjective pressure	0 1 2 9	Y N	
64. Grandiose ideas/actions	0 1 2 9	Y N	

BEST COPY AVAILABLE

ADDICTION SEVERITY INDEX

Authors: A.T. McLellan, L. Luborsky, C.P. O'Brien, and G.E. Woody

Assessment Areas Covered: Mental health, physical health, employment, legal, alcohol consumption, drug use, family relations, social relationships, matching patients to treatment, diagnosis, prognosis

Administration: Structured interview is administered by an easily trained technician or counselor (30 to 40 minutes). Instructional materials and videotaped interviews are available for 2-day training sessions. Suitable for both alcohol- and drug-dependent adults (over 16 years of age), male or female, at screening, intake, and followup

Design Features: Utilizes seven independent problem assessments. Suitable for patient screening and "matching" patients to treatments by clinical staff at treatment admission. Suitable for repeated administration by researchers at followup to assess patient improvement.

Abstract: The Addiction Severity Index (ASI) is a clinical/research instrument that has been in wide use since 1979 to assess seven problem areas commonly found in alcohol- and drug-abusing patients. Results of concurrent reliability studies indicate that trained technicians can estimate the severity of patients' treatment problems with an average concordance of .89. Test-retest studies show that the information obtained from the ASI is consistent, even between different interviewers. Comparisons of the ASI severity ratings and composite measures with a battery of previously validated tests indicate strong evidence of discriminant validity. The reliability and validity results were consistent across subgroups of patients divided by age, race, sex, primary drug problem, or type of treatment program. Following 6 years of experience with the instrument, the authors feel that the ASI offers advantages in the examination of important issues such as the prediction of treatment outcome, the comparison of different forms of treatment, and the "matching" of patients to treatments.

Related Published Reports:

McLellan, A.T.; Luborsky, L.; Woody, G.E.; and O'Brien, C.P. An improved diagnostic instrument for substance abuse patients: The Addiction Severity Index. Journal of Nervous and Mental Disorders, 168:26-33, 1980.

McLellan, A.T.; Luborsky, L.; Woody, G.E.; O'Brien, C.P.; and Kron, R. Are the "addiction-related" problems of substance abusers really related? Journal of Nervous and Mental Disease, 169:232-239, 1981.

McLellan, A.T.; Luborsky, L.; and O'Brien, C.O. Is treatment for substance abuse effective? Journal of the American Medical Association, 247: 1423-1427, 1982.

McLellan, A.T.; Luborsky, L.; Woody, G.E.; O'Brien, C.P.; and Druley, K.A. Predicting response to alcohol and drug abuse treatment. Archives of General Psychiatry, 40:620-625, 1983.

Woody, G.E.; Luborsky, L.; McLellan, A.T.; O'Brien, C.P.; Beck, A.T.; Blaine, I.; Herman, I.; and Hole, A. Psychotherapy for opiate addiction: Does it help? Archives of General Psychiatry, 40:626-634, 1983.

Kosten, T.R.; Rounsaville, B.J.; and Kleber, H.D. Concurrent validity of the Addiction Severity Index. Journal of Nervous and Mental Disease, 171(10):606-610, 1983.

Availability Source:	A. Thomas McLellan, Ph.D., Building 7, Philadelphia JAMC, Philadelphia, Pennsylvania 19104. There is a fee for reproduction and material costs involved in mailing the training materials.
Copyright:	Copyright 1980 by A. Thomas McLellan. Reproduced with permission by the U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute on Alcohol Abuse and Alcoholism. Further reproduction is prohibited without permission of the copyright holder.

INSTRUCTIONS

1. **Leave No Blanks — Where appropriate code items:** X = question not answered
   N = question not applicable
   Use only one character per item.
2. Item numbers printed in squares are to be asked at follow-up. Items with a red asterisk are cumulative and should be rephrased at follow-up (see Manual).
3. Space is provided after sections for additional pertinent information.

ADDICTION SEVERITY INDEX

SEVERITY RATINGS

The severity ratings are interviewer estimates of the patient's need for additional treatment in each area. The scales range from 0 (no treatment necessary) to 9 (treatment needed to intervene in life-threatening situation). Each rating is based upon the patient's history of problem symptoms, present condition and subjective assessment of his treatment needs in a given area. For a detailed description of severity ratings' derivation procedures and conventions, see manual.

Third Edition

SUMMARY OF PATIENT'S RATING SCALE

0 - Not at all
1 - Slightly
2 - Moderately
3 - Considerably
4 - Extremely

I.D. NUMBER 1 ☐☐☐☐

LAST 4 DIGITS OF SSN ☐☐☐☐

DATE OF ADMISSION ☐☐☐☐☐☐

DATE OF INTERVIEW ☐☐☐☐☐☐

TIME BEGUN ☐☐ : ☐☐

TIME ENDED ☐☐ : ☐☐

CLASS: ☐
1 — Intake
2 — Follow-up

CONTACT CODE: ☐
1 — In Person
2 — Phone
3 — Mail

ORIGIN: ☐
1 — PVAMC — DDTS
2 — Carrier Foundation
3 — Eagleville

TREATMENT EPISODE NUMBER ☐☐

INTERVIEWER CODE NUMBER ☐☐

SPECIAL: ☐
1 — Patient terminated
2 — Patient refused
3 — Patient unable to respond

GENERAL INFORMATION

NAME ______________________

CURRENT ADDRESS ______________________
____
____

GEOGRAPHIC CODE ☐☐

1. How long have you lived at this address? ☐☐ YRS. ☐☐ MOS.
2. Is this residence owned by you or your family? ☐
   0 — No 1 — Yes
3. DATE OF BIRTH ☐☐☐☐☐☐
4. RACE ☐
   1 — White (Not of Hispanic Origin)
   2 — Black (Not of Hispanic Origin)
   3 — American Indian
   4 — Alaskan Native
   5 — Asian or Pacific Islander
   6 — Hispanic — Mexican
   7 — Hispanic — Puerto Rican
   8 — Hispanic — Cuban
   9 — Other Hispanic
5. RELIGIOUS PREFERENCE ☐
   1 — Protestant 4 — Islamic
   2 — Catholic 5 — Other
   3 — Jewish 6 — None

6. Have you been in a controlled environment in the past 30 days? ☐
   1 — No
   2 — Jail
   3 — Alcohol or Drug Treatment
   4 — Medical Treatment
   5 — Psychiatric Treatment
   6 — Other ______________

7. How many days? ☐☐

TEST RESULTS

Shipley
C.Q. ☐☐☐
I.Q. ☐☐☐

Beck
Total Score ☐☐ 62

CARD 1 80

SEVERITY PROFILE

9							
8							
7							
6							
5							
4							
3							
2							
1							
0							
PROBLEMS	MEDICAL	EMP/SUP	ALCOHOL	DRUG	LEGAL	FAM/SOC	PSYCH

BEST COPY AVAILABLE

I.D. 1 ☐☐☐☐

MEDICAL STATUS

*1. How many times in your life have you been hospitalized for medical problems? *(Include o.d.'s, d.t.'s, exclude detox.)* 8 ☐☐

2. How long ago was your last hospitalization for a physical problem? ☐☐ YRS. ☐☐ MOS.

3. Do you have any chronic medical problems which continue to interfere with your life? ☐
0 – No 1 – Yes

4. Are you taking any prescribed medication on a regular basis for a physical problem? ☐
0 – No 1 – Yes

5. Do you receive a pension for a physical disability? *(Exclude psychiatric disability.)* ☐
0 – No
1 – Yes ____________
Specify

6. How many days have you experienced medical problems in the past 30? ☐☐

FOR QUESTIONS 7 & 8 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE.

7. How troubled or bothered have you been by these medical problems in the past 30 days? ☐

8. How important to you *now* is treatment for these medical problems? ☐

INTERVIEWER SEVERITY RATING

9. How would you rate the patient's need for medical treatment? ☐

CONFIDENCE RATINGS

Is the above information significantly distorted by:

10. Patient's misrepresentation? ☐
0 – No 1 – Yes

11. Patient's inability to understand? 20 ☐
0 – No 1 – Yes

COMMENTS

EMPLOYMENT/SUPPORT STATUS

*1. Education completed *(GED = 12 years)* 21 ☐☐ YRS. ☐☐ MOS.

*2. Training or technical education completed ☐☐ MOS.

3. Do you have a profession, trade or skill? ☐
0 – No
1 – Yes ____________
Specify

4. Do you have a valid driver's license? ☐
0 – No 1 – Yes

5. Do you have an automobile available for your use? *(Answer No if no valid driver's license.)* ☐
0 – No 1 – Yes

6. How long was your longest full-time job? ☐☐ YRS. ☐☐ MOS.

*7. Usual (or last) occupation. ☐
____
(Specify in detail)

8. Does someone contribute to your support in any way? ☐
0 – No 1 – Yes

9. (ONLY IF ITEM 8 IS YES)
Does this constitute the majority of your support? ☐
0 – No 1 – Yes

10. Usual employment pattern, past 3 years. ☐
1 – full time (40 hrs/wk)
2 – part time (reg. hrs)
3 – part time (irreg., daywork)
4 – student
5 – service
6 – retired/disability
7 – unemployed
8 – in controlled environment

11. How many days were you paid for working in the past 30? *(Include "under the table" work.)* ☐☐

How much money did *you* receive from the following sources in the past 30 days?

12. Employment *(net income)* ☐☐☐☐

13. Unemployment compensation ☐☐☐☐

14. DPA ☐☐☐☐

15. Pension, benefits or social security ☐☐☐☐

16. Mate, family or friends *(Money for personal expenses).* ☐☐☐☐

17. Illegal ☐☐☐☐

18. How many people depend on you for the majority of their food, shelter, etc.? ☐

19. How many days have you experienced employment problems in the past 30? ☐☐

FOR QUESTIONS 19 & 20 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

20. How troubled or bothered have you been by these employment problems in the past 30 days? ☐

21. How important to you *now* is counseling for these employment problems? ☐

INTERVIEWER SEVERITY RATING

22. How would you rate the patient's need for employment counseling? ☐

CONFIDENCE RATINGS

Is the above information significantly distorted by:

23. Patient's misrepresentation? ☐
0 – No 1 – Yes

24. Patient's inability to understand? 71 ☐
0 – No 1 – Yes

CARD 2 80

COMMENTS

I.D. 1 ☐☐☐☐

CODE #

	PAST 30 DAYS	LIFETIME USE YRS.	LIFETIME USE MOS.
*01 - Alcohol - Any use at all			
*02 - Alcohol - To intoxication			
*03 - Heroin			
*04 - Methadone			
*05 - Other opiates/ analgesics			
*06 - Barbiturates			
*07 - Other sed/ hyp/tranq.			
*08 - Cocaine			
*09 - Amphetamines			
*10 - Cannabis			
*11 - Hallucinogens			
*12 - Inhalants			

78

CARD 3 80

Note: See manual for representative examples for each drug class.

	DAYS	YRS.	MOS.
*13 - More than one substance per day *(Incl. alcohol).* 5			

DRUG/ALCOHOL USE

14. Which substance is the major problem? *(Please code as above or 00*-No problem; 15-Alcohol & Drug [Dual addiction]; 16-Polydrug; *when not clear, ask patient*). ☐☐

15. How long was your last period of voluntary abstinence from this major substance? *(00 - never abstinent).* ☐☐ MOS.

16. How many months ago did this abstinence end? *(00 - still abstinent).* ☐☐

*17. How many times have you:

Had alcohol d.t.'s ☐☐

Overdosed on drugs ☐☐

*18. How many times in your life have you been treated for:

Alcohol Abuse ☐☐

Drug Abuse ☐☐

*19. How many of these were detox only?

Alcohol ☐☐

Drug ☐☐

20. How much would you say you spent during the past 30 days on:

Alcohol ☐☐☐☐

Drugs ☐☐☐☐

21. How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days? *(Include NA, AA).* ☐☐

22. How many days in the past 30 have you experienced:

Alcohol Problems ☐☐

Drug Problems ☐☐

FOR QUESTIONS 23 & 24 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

23. How troubled or bothered have you been in the past 30 days by these:

Alcohol Problems ☐

Drug Problems ☐

24. How important to you *now* is treatment for these:

Alcohol Problems ☐

Drug Problems ☐

INTERVIEWER SEVERITY RATING

25. How would you rate the patient's need for treatment for:

Alcohol Abuse ☐

Drug Abuse ☐

CONFIDENCE RATINGS

Is the above information significantly distorted by:

26. Patient's misrepresentation? ☐

0 – No 1 – Yes

27. Patient's inability to understand? 50 ☐

0 – No 1 – Yes

CARD 4 80

COMMENTS

I.D. 1 ☐☐☐☐

1. Was this admission prompted or suggested by the criminal justice system (judge, probation/parole officer, etc.)? ☐
0 – No 1 – Yes

2. Are you on probation or parole? ☐
0 – No 1 – Yes

How many times in your life have you been arrested and charged with the following criminal offenses:

CODE #

*03 – shoplifting/vandalism ☐☐
*04 – parole/probation violations ☐☐
*05 – drug charges ☐☐
*06 – forgery ☐☐
*07 – weapons offense ☐☐
*08 – burglary, larceny, B & E ☐☐
*09 – robbery ☐☐
*10 – assault ☐☐
*11 – arson ☐☐
*12 – rape ☐☐
*13 – homicide, manslaughter ☐☐
*14 – other ☐☐

LEGAL STATUS

*15. How many of these charges resulted in convictions? ☐☐

How many times in your life have you been charged with the following:

*16. Disorderly conduct, vagrancy, public intoxication ☐☐

*17. Driving while intoxicated ☐☐

*18. Major driving violations (reckless driving, speeding, no license, etc.). ☐☐

*19. How many months were you incarcerated in your life? ☐☐

20. How long was your last incarceration? ☐☐ MOS.

21. What was it for? *(Use code 3-14, 16-18. If multiple charges, code most severe)* ☐☐

22. Are you presently awaiting charges, trial or sentence? ☐
0 – No 1 – Yes

23. What for? *(if multiple choice, use most severe).* ☐☐

24. How many days in the past 30 were you detained or incarcerated? ☐☐

25. How many days in the past 30 have you engaged in illegal activities for profit? ☐☐

FOR QUESTIONS 26 & 27 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

26. How serious do you feel your present legal problems are? *(Exclude civil problems)* ☐

27. How important to you *now* is counseling or referral for these legal problems? ☐

INTERVIEWER SEVERITY RATING

28. How would you rate the patient's need for legal services or counseling? ☐

CONFIDENCE RATINGS

Is the above information significantly distorted by:

29. Patient's misrepresentation? ☐
0 – No 1 – Yes

30. Patient's inability to understand? 56 ☐
0 – No 1 – Yes

CARD 5 80

COMMENTS

I.D. 1 ☐☐☐☐

[1.] Marital Status 5 ☐

1 – Married 4 – Separated
2 – Remarried 5 – Divorced
3 – Widowed 6 – Never Married

2. How long have you been in this marital status? ☐☐ YRS. ☐☐ MOS.
(If never married, since age 18).

[3.] Are you satisfied with this situation? ☐
0 – No
1 – Indifferent
2 – Yes

[4.] Usual living arrangements (past 3 yr.) ☐
1 – With sexual partner and children
2 – With sexual partner alone
3 – With parents
4 – With family
5 – With friends
6 – Alone
7 – Controlled environment
8 – No stable arrangements

5. How long have you lived in these arrangements. ☐☐ YRS. ☐☐ MOS.
(If with parents or family, since age 18).

[6.] Are you satisfied with these living arrangements? ☐
0 – No
1 – Indifferent
2 – Yes

FAMILY/SOCIAL RELATIONSHIPS

[7.] With whom do you spend most of your free time: ☐
1 – Family 3 – Alone
2 – Friends

[8.] Are you satisfied with spending your free time this way? ☐
0 – No 2 – Yes
1 – Indifferent

[9.] How many *close* friends do you have? ☐☐

[10.] How many days in the past 30 have you had serious conflicts:
A. with your family? ☐☐
B. with other people? (excluding family). ☐☐

Have you had significant periods in which you have experienced serious problems with:

0 – No 1 – Yes

	PAST 30 DAYS	IN YOUR LIFE
*[11.] Mother	☐	☐
*[12.] Father	☐	☐
*[13.] Brothers/Sisters	☐	☐
*[14.] Sexual partner/spouse	☐	☐
*[15.] Children	☐	☐
*[16.] Other significant family ____________	☐	☐
*[17.] Close friends	☐	☐
*[18.] Neighbors	☐	☐
*[19.] Co-workers	☐	☐

FOR QUESTIONS 20-23 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

How troubled or bothered have you been in the past 30 days by these:

[20.] Family problems? ☐
[21.] Social problems? ☐

How important to you now is treatment or counseling for these:

[22.] Family problems? ☐
[23.] Social problems? ☐

INTERVIEWER SEVERITY RATING

[24.] How would you rate the patient's need for family and/or social counseling? ☐

CONFIDENCE RATINGS

Is the above information significantly distorted by:

[25.] Patient's misrepresentation ☐
[26.] Patient's inability to understand 49 ☐
0 – No 1 – Yes

CARD [6] 80

COMMENTS

---

*[1.] How many times have you been treated for any psychological or emotional problems?

In a hospital 5 ☐☐
As an Opt. or Priv. patient ☐☐

2. Do you receive a pension for a psychiatric disability? ☐
0 – No 1 – Yes

Have you had a significant period, (that was not a direct result of drug/alcohol use), in which you have:

0 – No 1 – Yes

	PAST 30 DAYS	IN YOUR LIFE
*[3.] Experienced serious depression	☐	☐
*[4.] Experienced serious anxiety or tension	☐	☐
*[5.] Experienced hallucinations	☐	☐
*[6.] Experienced trouble understanding, concentrating or remembering	☐	☐
*[7.] Experienced trouble controlling violent behavior	☐	☐
*[8.] Experienced serious thoughts of suicide	☐	☐
*[9.] Attempted suicide	☐	☐
*[10.] Have you taken prescribed medication for any psychological/emotional problem	☐	☐

PSYCHOLOGICAL STATUS

[11.] How many days in the past 30 have you experienced these psychological or emotional problems? ☐☐

FOR QUESTIONS 12 & 13 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

[12.] How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days? ☐

[13.] How important to you *now* is treatment for these psychological problems? ☐

THE FOLLOWING ITEMS ARE TO BE COMPLETED BY THE INTERVIEWER

At the time of this interview, is patient:

0 – No 1 – Yes

[14.] Obviously depressed/withdrawn ☐
[15.] Obviously hostile ☐
[16.] Obviously anxious/nervous ☐
[17.] Having trouble with reality testing, thought disorders, paranoid thinking ☐
[18.] Having trouble comprehending, concentrating, remembering ☐
[19.] Have suicidal thoughts ☐

INTERVIEWER SEVERITY RATING

[20.] How would you rate the patient's need for psychiatric/psychological treatment? ☐

CONFIDENCE RATINGS

Is the above information significantly distorted by:

[21.] Patient's misrepresentation? ☐
0 – No 1 – Yes

[22.] Patient's inability to understand? 38 ☐
0 – No 1 – Yes

CARD [7] 80

COMMENTS

PATIENT EVALUATION OF TREATMENT PROGRAM

Authors: D. Paul Moberg and William S. Zupek

Assessment Areas Covered: Client satisfaction, alcohol consumption, drug use, demographics, substance use, perceptions and plans

Administration: Self-administered, at or near the time of discharge, ± 2 days

Design Features: 86 items, multiple-choice, 5-point scale

Abstract: This questionnaire covers aspects of the treatment program deemed relevant by clinical staff members of the dePaul Rehabilitation Hospital. It is a modified version of that used by Gargevich et al. (1974). Used routinely in the hospital's program, it takes the form of a structured questionnaire completed by patients shortly before discharge. Patients are asked to rate each item on a 5-point Likert-type scale from "very unsatisfactory" (value of 1) to "very satisfactory" (value of 5). Areas covered include: admission procedures, hospital rules and their enforcement, services provided by nursing and medical staff, relationships with the assigned alcoholism counselor and caseload team, each discrete aspect of the treatment program (e.g., AA orientations, group therapy, individual counseling, educational seminars, social activities), environmental and support services, and spiritual care. Patients also are asked to choose the "most" and "least" helpful elements of the program for them, to give some basic demographic data, and to answer several self-perceptual and attitudinal questions regarding their alcohol problems. To preserve anonymity and minimize distorted responses, locked boxes are provided for the deposit of completed questionnaires; signature is optional.

Reports on accumulated responses are prepared semiannually. Responses for each 6-month period are compared to monitor changes. Analyses of these data have taken several forms. Items have been examined individually, considering the frequencies with which each response category (on the 5-point scale from "very unsatisfactory" to "very satisfactory") was endorsed. Mean response to each item was considered as an index of satisfaction with the area in question. Using individual item analysis, the various aspects of the treatment program have been ranked from the patients' point of view, and staff members are potentially able to determine problematic aspects of their service, take corrective action, and monitor future responses.

Related Published Reports: Moberg, D.P. Consumer evaluation of an alcoholism treatment program. Currents in Alcoholism, 2:525-534, 1977.

Moberg, D.P., and Zupek, W.S. "Consumer Satisfaction Studies: Quantitative and Qualitative Alternatives." Paper presented at the 1978 Evaluation Research Society Meeting, unpublished.

Gargevich, S.; Petroni, F.A.; and Beigel, A. "Overview of an Evaluation to Assess the Therapeutic Effectiveness of a Psychiatric Halfway House Program." Paper presented at the National Conference on Evaluation in Alcoholism, Drug Abuse, and Mental Health Programs, Washington, D.C., 1974.

Availability Source: dePaul Rehabilitation Hospital, 4143 South 13th Street, Milwaukee, Wisconsin 53221, Attention: William S. Zupek

DE PAUL REHABILITATION HOSPITAL

Patient Evaluation of Treatment Program

While you have been here as a patient, there have been many times when staff members "evaluated" your progress. This is your chance to evaluate us. Please fill out this questionnaire as honestly and accurately as you can. Your ratings, as well as any comments you may care to make, will help us to evaluate how we are doing in providing a comprehensive treatment and rehabilitation program, and will help show us the areas in which we need to make improvements. All information will remain anonymous, and will help show us the areas in which we need to make improvements. All information will remain anonymous, and will be used only to evaluate the treatment program. No identifying information will be released. Your signature is optional.

RATE EACH OF THE FOLLOWING CHARACTERISTICS OF THE TREATMENT PROGRAM USING THE SCALE BELOW

0 Not Applicable	1 Very Unsatisfactory	2 Unsatisfactory	3 Only Somewhat Satisfied	4 Satisfactory	5 Very Satisfactory

PLACE THE APPROPRIATE NUMBER IN THE BOX FOLLOWING EACH CHARACTERISTIC. MAKE ANY COMMENTS YOU MAY HAVE BETWEEN QUESTIONS. USE "0" (not applicable) IF YOU DID NOT RECEIVE THE SERVICE ASKED ABOUT.

1. Admission procedures (promptness, efficiency, graciousness). ☐
   Comments:

2. Explanation of the hospital program to you at admission. ☐
   Comments:

3. Courtesy and helpfulness of the nursing staff upon your admission. ☐
   Comments:

4. Clearness with which rules, regulations, and procedures were defined in the information packet you received at admission. ☐
   Comments:

5. Did you understand the meaning of the consent forms you were asked to sign at the time of your initial meeting with your counselor? (PLACE THE NUMBER IN THE BOX) ☐

   1 = Not at all
   2 = Only a little
   3 = For the most part
   4 = Completely

6. The usefulness of the patient orientation session to explain hospital rules and programs, and answer your questions. ☐
   Comments:

0	1	2	3	4	5
Not Applicable	Very Unsatisfactory	Unsatisfactory	Only Somewhat Satisfied	Satisfactory	Very Satisfactory

7. Rate the hospital's rules on the following characteristics:

A. Fairness and adequacy of the rules themselves. ☐

B. Adequacy with which they were explained. ☐

C. Fairness and consistency with which they were enforced. ☐

Comments:

8. How often did you find that the rules were broken to a significant degree: (Place the number in the box). ☐

1 = Very often
2 = Often
3 = Sometimes
4 = Rarely
5 = Never

Comments: (give specific examples):

9. How much drug/alcohol use was going on in the hospital while you were here? ☐

1 = Not aware of any use
2 = Vague rumors of some use
3 = Knew or heard of 1-2 patients that used
4 = Knew or heard of 3-6 patients that used
5 = Knew or heard of 7-10 patients that used
6 = Knew or heard of more than 10 patients that used

Comments: (give specific examples).

10. Nursing staff (aides, orderlies, nurses):

A. Skill in giving you personal care ☐

B. Interest in you as a person ☐

C. Promptness and efficiency in caring for your needs ☐

Comments:

11. Were you seen by a physician early in your hospitalization? (1=yes, 2=no) ☐

12. Medical doctor's services:

A. Adequacy of service ☐

B. Availability of service ☐

C. Helpfulness of periodic doctor's visits ☐

Comments:

0	1	2	3	4	5
Not Applicable	Very Unsatisfactory	Unsatisfactory	Only Somewhat Satisfied	Satisfactory	Very Satisfactory

13. To whose caseload were you assigned? (Place the appropriate number in the boxes) ☐☐

01=Pam Jenks
02=Jerry Flanagan
03=Bev Beckmann
04=Patty Rabideaux
05=Ken Hickok
06=Lillie McClinton
07=Nancy Olson

08=Tony Breitchaft
09=Don Jasper
10=Ruth Kempf
11=Pete Whipp
12=Clara Gonia
13=Betsy Freuler
14=Ed Carson
15=Other (Please specify)

14. Rate your counselor concerning:

A. His or her understanding of you ☐
B. Your overall relationship with him or her ☐
C. His or her protection of confidential personal information about yourself ☐

Comments:

15. Rate each of the following aspects of the treatment program:

A. AA/NA Orientation ☐
B. Educational Seminars (8:00-8:45 a.m.) ☐
C. Group Therapy ☐
D. Individual Counseling ☐
E. Spiritual Care (religious services, counseling from chaplains, etc.) ☐
F. Occupational Therapy ☐
G. Recreational Activities (free-time) ☐
H. Community Outings ☐
I. Medical (doctor's) Care ☐
J. Nursing Care ☐
K. Work with your family ☐
L. AA/NA Beginners classes (Saturday 10 a.m. group) ☐
M. AA/NA Step Groups ☐
N. Relaxation Therapy ☐
O. Men's Group ☐
P. Women's Group ☐
Q. Exercise Group ☐
R. Video Tape Therapy ☐
S. Older Adults Group ☐

0	1	2	3	4	5
Not Applicable	Very Unsatisfactory	Unsatisfactory	Only Somewhat Satisfied	Satisfactory	Very Satisfactory

16. Rate the services you received from these departments:
    - A. Cafeteria staff service - friendliness, courtesy, etc. ☐
    - B. Cafeteria food - quality, quantity, variety, etc. ☐
    - C. Housekeeping ☐
    - D. Vending machine service ☐
    - E. Business Office (financial arrangements for your hospitalization) ☐
    - F. Switchboard/telephone service ☐
    - G. Patient rooms (furnishing, drapes, heat, paint, etc.) ☐

    Comments:

17. Visiting
    - A. Hours (adequacy and scheduling) ☐
    - B. Areas designated for visiting ☐

    Comments:

18. The family oriented programs of the hospital
    - A. Adequacy of explanation of family services ☐
    - B. Promptness of staff in contacting your family ☐
    - C. Inpatient family counseling ☐
    - D. Meaningfulness of family services ☐
    - E. Family Day (if you attended) ☐

19. Availability of meaningful things to do in your free time. ☐

    Comments:

20. Rate the spiritual care you received:
    - A. Religious services (chapel) ☐
    - B. Spiritual counseling ☐
    - C. Fifth Step interview with clergy staff ☐

    Comments:

21. Rate how useful audio visual aids were for you in classroom or group situations. ☐

    Comments:

22. Rate how well the staff listened to you when developing treatment/discharge plans. ☐

0	1	2	3	4	5
Not Applicable	Very Unsatisfactory	Unsatisfactory	Only Somewhat Satisfied	Satisfactory	Very Satisfactory

23. Which one part of the program do you feel was most helpful to you? (Choose the number from the list below and place in box) ☐

1 = AA/NA orientation and "rap" groups
2 = Educational seminars
3 = Group therapy
4 = Individual counseling
5 = Special interest groups
6 = Spiritual counseling
7 = Informal discussion and contacts with fellow patients
8 = Family counseling
9 = Occupational therapy

24. Which one part of the program do you feel was least helpful to you? ☐

1 = AA/NA orientation and "rap" groups
2 = Educational seminars
3 = Group therapy
4 = Individual counseling
5 = Special interest groups
6 = Spiritual counseling
7 = Informal discussion and contacts with fellow patients
8 = Family counseling
9 = Occupational therapy

25. Discharge recommendations:

A. Your counselor's explanation of them. ☐

B. The appropriateness of the recommendations for you. ☐

Comments:

26. As you leave Inpatient treatment, how satisfied are you with any plans you've developed for spending your leisure time? (Not applicable in this case means you haven't made any plans for leisure time.) ☐

27. To what extent would you say your De Paul inpatient treatment helped you to put together a plan for good use of your leisure time after your hospital discharge. (Place the number in the box.) ☐

0 = Not applicable - have made no plans for leisure time.
1 = Treatment was of no help, made my own plans.
2 = Treatment was of very little help in making plans for leisure time.
3 = Treatment was of some help in making plans for leisure time.
4 = Treatment was a great help in making plans for leisure time.

28. Judging from your experiences with the way time was scheduled and used in the total hospital program, do you think you could best get the full benefit of the program: (Place the number in the box.) ☐

1. In a much longer stay at the hospital.
2. In a slightly longer stay at the hospital.
3. In about the same amount of time.
4. In a slightly shorter stay at the hospital.
5. In a much shorter stay at the hospital.

Comments:

0	1	2	3	4	5
Not Applicable	Very Unsatisfactory	Unsatisfactory	Only Somewhat Satisfied	Satisfactory	Very Satisfactory

29. Do you think you could best get the full benefit of the program if Saturday programming was: (Place number in the box.) ☐

    1 = Much more intense
    2 = Slightly more intense
    3 = About the same as it is now
    4 = Slightly less intense
    5 = Much less intense

30. Do you think you could best get the full benefit of the program if Sunday programming was: (Place number in the box.) ☐

    1 = Much more intense
    2 = Slightly more intense
    3 = About the same as it is now
    4 = Slightly less intense
    5 = Much less intense

31. Do you think you could best get the full benefit of the program if Evening programming was: (Place number in the box.) ☐

    1 = Much more intense
    2 = Slightly more intense
    3 = About the same as it is now
    4 = Slightly less intense
    5 = Much less intense

32. In general, how would you rate the hospital's staff on their fairness, honesty, and respect for you as a person" ☐
    Comments:

33. In general, how would you rate your entire hospital experience? ☐
    Comments:

34. Having gone through the program, what are your drinking/drug use plans for the future? (Place the number in the box.) ☐

    1 = To continue as before
    2 = To cut down a little
    3 = To control my drinking
    4 = To maintain total abstinence

35. Which of the following is closest to the way you viewed your drinking before coming to De Paul? ☐

    1 = Social drinking
    2 = Heavy drinking
    3 = Problem drinking
    4 = Alcoholic drinking

36. Since going through this program, which is closest to the way you now view your past drinking? (Place a number in the box.) ☐

    1 = Social drinking
    2 = Heavy drinking
    3 = Problem drinking
    4 = Alcoholic drinking

0 Not Applicable	1 Very Unsatisfactory	2 Unsatisfactory	3 Only Somewhat Satisfied	4 Satisfactory	5 Very Satisfactory

37. A. Before admission, my view of my use (if applicable) of other drugs was that I: (Place the number in the box.) ☐

0 = Did not use other drugs
1 = Only used other drugs rarely
2 = Only used other drug occasionally
3 = Used other drugs frequently
4 = Used other drugs very extensively

B. Prior to your admission to De Paul, did you consider your use of other drugs to be: ☐

0 = Did not use other drugs
1 = No problem
2 = Minor problem
3 = Moderate problem
4 = Serious problem

C. Since going through this program, how do you now consider your past use of other drugs? ☐

0 = Did not use other drugs
1 = No problem
2 = Minor problem
3 = Moderate problem
4 = Serious problem

We would like to know if persons with different characteristics (e.g., men vs. women, older vs. younger, married vs. single) feel differently about certain aspects of the program. To help us find this out, please answer the following questions about yourself. Place the number of the response which best fits your situation in the box to the right of the question.

38. Your sex: ☐
1 = Male
2 = Female

39. Your age: (place one digit in each box). ☐☐

40. How many times have you been admitted to De Paul (including this time). ☐

41. How many days have you been in the hospital so far during your stay? ☐☐

42. What is your marital status? ☐
1 = Never married
2 = Married
3 = Separated
4 = Divorced
5 = Widowed

BEST COPY AVAILABLE

0 Not Applicable	1 Very Unsatisfactory	2 Unsatisfactory	3 Only Somewhat Satisfied	4 Satisfactory	5 Very Satisfactory

43. What is the highest level of education you completed? ☐

1 = Some grade school
2 = Grade school
3 = Some high school
4 = High school graduate
5 = Some college, business, or technical school
6 = College graduate
7 = Graduate degree

44. OPTIONAL: Your heritage: ☐

1 = White
2 = Black
3 = American Indian
4 = Latin American (Chicano, Latino)
5 = Asian
6 = Other

Your Name (optional)________________________________

THANKS FOR YOUR COOPERATION. Please feel free to comment or make suggestions on reverse side.

BACKGROUND INFORMATION FORM AND FOLLOW-UP INFORMATION FORM

Author: Rudolf H. Moos

Assessment Areas Covered: Alcohol consumption quantity/frequency, family drinking history, feelings about self, behavioral aspects of drinking, diagnosis

Administration: Self-administered, at intake and followup

Design Features: Primarily multiple-choice questions

Abstract: These two companion forms were designed to evaluate the alcoholism treatment program at the Palo Alto Veterans Administration Hospital. The Background Information form has 37 questions and is given at intake. The Follow-Up Information Form has 25 questions and is sent to the client by mail after discharge. Both forms elicit information about behavior, feelings, and alcohol consumption.

Related Published Reports: None

Availability Source: Rudolf H. Moos, Ph.D., Director, Social Ecology Laboratory, Veterans Administration Hospital, 3801 Miranda, Building 4, Room B-116, Palo Alto, California 94304

SOCIAL ECOLOGY LABORATORY
Veterans Administration Hospital
3801 Miranda, Bldg. 4, Rm. B-116
Palo Alto, California 94304

BACKGROUND INFORMATION FORM

PERSONAL INFORMATION

A. Address and Relatives

Your Name ______________________ Date __________

Name of Program ______________________ Code __________

Your Home Address ______________________

______________________ Zip __________ Phone __________

At what address do you expect to be after you leave this program?

Number and Street ______________________

City and State ______________________ Zip __________ Phone __________

What relatives or friends could forward mail to you after you leave this program?

Name ______________________ Relationship __________

Number and Street ______________________

City and State ______________________ Zip __________ Phone __________

Name ______________________ Relationship __________

Number and Street ______________________

City and State ______________________ Zip __________ Phone __________

B. Occupational History

1. Please list your occupational history for the past 3 years (include student, housewife, retired, disabled, unemployed, etc.)

From-To (Mo/Yr)	Occupation (If employed, specify type of work)	Hours per week	Weekly Income
1			
2			
3			
4			
5			

C. Previous Treatment Experiences

2. Please list all of your alcohol-related treatment experiences (hospitalizations, counselling, AA meetings, etc.) for the last 3 years, excluding the present program.

Date Entered (Mo/Yr)	Length of Stay	Name of Program	Your Status (e.g., in-patient out-patient, etc.)	Type of Treatment (e.g., group therapy, individual counselling, behavior conditioning, medical, detox, etc.)
1				
2				
3				
4				
5				

For the remainder of the questions on this form, circle the number that corresponds to your answer.

D. Background Information

3.	Your Age	(1) 18-29	(2) 30-39	(3) 40-49	(4) 50-59	(5) 60 or over	(55)
4.	Sex	(1) Male	(2) Female				(56)
5.	Religion	(1) Catholic	(2) Jewish	(3) Protestant	(4) Other	(5) None	(57)
6.	Ethnicity	(1) Black	(2) Mexican-American	(3) Oriental	(4) White	(5) Other	(58)

II FAMILY HISTORY

A. Marital History

7.	Marital Status	(1) Divorced/Annulled	(2) Married	(3) Separated	(4) Single	(5) Widowed	(59)
8.	Number of Times Married	(1) None	(2) Once	(3) Twice	(4) 3 times	(5) Over 3 times	(60)
9.	Length of Current Marriage	(1) Under 1 year	(2) 1-3 years	(3) 4-6 years	(4) 7-10 years	(5) Over 10 years	(61)
10.	Number of Children	(1) None	(2) 1-2	(3) 3-4	(4) 5-6	(5) Over 6	(62)

B. Family History

11.	No. of brothers and sisters	(1) None	(2) One	(3) 2-3	(4) 4-6	(5) Over 6	(63)
12.	Age when independent from family	(1) 14-16	(2) 17-18	(3) 19-21	(4) 21-25	(5) Over 25	(64)

		15-20	21-25	26-30	31-35	Over 35	
13.	Age at first drink........................	(1)	(2)	(3)	(4)	(5)	(65
14.	Age when you first drank to get drunk or escape a problem..........................	(1)	(2)	(3)	(4)	(5)	(66
15.	Age when you recognized your drinking as a significant problem.......................	(1)	(2)	(3)	(4)	(5)	(67

C. Residence Information

16.	Length of stay at your most recent residence	(1) Under 3 months	(2) 3 months-1 year	(3) 1-2 years	(4) 2-4 years	(5) Over 4 years	(68
17.	Type of residence	(1) Own home	(2) Rent house	(3) Apartment	(4) Rent room	(5) Live with family or friends	(69

III EDUCATION AND FINANCIAL STATUS

18.	Highest grade completed	(1) 1-8th grade	(2) 9-12th grades	(3) Vocational or some college	(4) College graduate	(5) Graduate school	(70
19.	Total Income last 12 months	(1) Under $3,000	(2) $3,000-$6,000	(3) $6,000-$10,000	(4) $10,000-$15,000	(5) Over $15,000	(1

IV SOCIAL AND RECREATIONAL ACTIVITIES

20. How often did you engage in these activities during the month before entering this program?

	Never	Seldom	Occasionally	Frequently	Often	
Working on hobbies.................	1	2	3	4	5	(2)
Attending parties	1	2	3	4	5	(3)
Watching television................	1	2	3	4	5	(4)
Reading (any type).................	1	2	3	4	5	(5)
Spending time with close friends...	1	2	3	4	5	(6)
Going to bars	1	2	3	4	5	(7)
Sports (participant)	1	2	3	4	5	(8)
Church attendance	1	2	3	4	5	(9)
Attending cultural events	1	2	3	4	5	(10)
Community activities	1	2	3	4	5	(11)

V LEGAL HISTORY

	One	Two	Three	Four or more	None	
21. Number of arrests last year?	1	2	3	4	5	(12)
22. How many resulted in conviction?	1	2	3	4	5	(13)
23. Number of arrests for drinking while driving last year?	1	2	3	4	5	(14)
24. Number of arrests for drinking, not related to driving last year?	1	2	3	4	5	(15)

VI HEALTH AIDS AND DRUGS

25. How often did you use the following in the month before entering this program?

	Never	Seldom	Occasionally	Frequently	Often	
Aspirin	1	2	3	4	5	(16)
Sleeping pills	1	2	3	4	5	(17)
Tranquilizers	1	2	3	4	5	(18)
Vitamins	1	2	3	4	5	(19)
Stomach medicine	1	2	3	4	5	(20)
Tonics	1	2	3	4	5	(21)
Coffee	1	2	3	4	5	(22)
Tobacco	1	2	3	4	5	(23)
Marijuana	1	2	3	4	5	(24)
Psychedelic drugs	1	2	3	4	5	(25)
Amphetamines	1	2	3	4	5	(26)
Barbiturates	1	2	3	4	5	(27)

VII DRINKING BEHAVIOR

A. Personal Drinking Behavior

26. How often did you experience the following during the month before you entered this program?

	Never	Seldom	Occasionally	Frequently	Often	
Missed meals due to drinking...........	1	2	3	4	5	(28)
Drank while on the job.................	1	2	3	4	5	(29)
Missed work because of drinking........	1	2	3	4	5	(30)
Got drunk..............................	1	2	3	4	5	(31)
D.T.s, shakes, or withdrawal symptoms.	1	2	3	4	5	(32)
Had memory lapses or "blackouts".......	1	2	3	4	5	(33)
Had dry heaves or cold sweat...........	1	2	3	4	5	(34)
Had quarrels while drinking............	1	2	3	4	5	(35)
Had difficulty sleeping................	1	2	3	4	5	(36)
Had hallucinations or vague fears......	1	2	3	4	5	(37)
Had a severe hangover..................	1	2	3	4	5	(38)
Felt nervous or tense..................	1	2	3	4	5	(39)
Had an upset stomach...................	1	2	3	4	5	(40)
Had headaches..........................	1	2	3	4	5	(41)
Had dizzy spells.......................	1	2	3	4	5	(42)

27. How often in the month before you entered this program did you....

drink in the morning...................	1	2	3	4	5	(43)
drink at home..........................	1	2	3	4	5	(44)
drink at work..........................	1	2	3	4	5	(45)
drink at bars..........................	1	2	3	4	5	(46)
drink at parties.......................	1	2	3	4	5	(47)
drink during the week days.............	1	2	3	4	5	(48)
drink during weekends..................	1	2	3	4	5	(49)
drink alone............................	1	2	3	4	5	(50)
drink with friends.....................	1	2	3	4	5	(51)
drink with strangers...................	1	2	3	4	5	(52)

28. What was the largest amount of alcohol you drank in one day during the month before you entered this program?

	None	Under One	One-Two	Two-Three	Three-Four	Five or more	
Beer (quarts)...............	☐	1	2	3	4	5	(53)
Wine (fifths)...............	☐	1	2	3	4	5	(54)
Hard liquor (pints).........	☐	1	2	3	4	5	(55)

29. How much did you usually drink at a time during the month before you entered?

Beer (quarts)...............	☐	1	2	3	4	5	(56)
Wine (fifths)...............	☐	1	2	3	4	5	(57)
Hard liquor (pints).........	☐	1	2	3	4	5	(58)

30. Overall, how would you describe your drinking pattern for the month before you entered this program?

(1) Never drank (2) Special occasions only (3) Social drinking (4) Occasional binges (5) Daily drinking (59)

31. How would you rate your drinking problem?

(1) No problem (2) Rarely a problem (3) Sometimes a problem (4) Often a problem (5) Quite often a problem (60)

32. Longest period you were in control of your drinking problem last year?

(1) Under 2 weeks (2) 2-4 weeks (3) 1-2 months (4) 2-4 months (5) Over 4 months (61)

33. How many bars and liquor stores are there within walking distance of your residence?

(1) None (2) One or two (3) Several (4) Quite a few (5) Don't know (62)

B. Drinking Behavior of Family and Friends

34. What drinking patterns do each of the following people have? (Answer for the one who drinks the most)

	Never drink	Drink only on special occasions	Social drinking only	Go on occasional binges	Drink daily	If this person lives with you, circle here	
Father................	1	2	3	4	5	6	(63)
Mother................	1	2	3	4	5	6	(64)
Spouse................	1	2	3	4	5	6	(65)
Son...................	1	2	3	4	5	6	(66)
Daughter..............	1	2	3	4	5	6	(67)
Brother...............	1	2	3	4	5	6	(68)
Sister................	1	2	3	4	5	6	(69)
Other relatives.......	1	2	3	4	5	6	(70)
Friends...............	1	2	3	4	5	6	(1)
Neighbors.............	1	2	3	4	5	6	(2)
Work associates.......	1	2	3	4	5	6	(3)

(Continued)

VI SELF-DESCRIPTIONS AND FEELINGS

35. Listed below are some adjectives people use to describe themselves. Please look at each one and indicate how well that term describes the way you see yourself: not at all, slightly, somewhat, fairly well, or quite accurately.

	Not at all	Slightly	Somewhat	Fairly well	Quite accurately	
Aggressive	1	2	3	4	5	(4)
Ambitious	1	2	3	4	5	(5)
Calm	1	2	3	4	5	(6)
Confident	1	2	3	4	5	(7)
Desperate	1	2	3	4	5	(8)
Dominant	1	2	3	4	5	(9)
Easy going	1	2	3	4	5	(10)
Energetic	1	2	3	4	5	(11)
Happy	1	2	3	4	5	(12)
Outgoing	1	2	3	4	5	(13)
Pessimistic	1	2	3	4	5	(14)
Rebellious	1	2	3	4	5	(15)
Successful	1	2	3	4	5	(16)

36. Below is a list which describes some of the ways people feel at different times. Please tell us how often you felt like this during the past month.

Feeling	Never	Seldom	Occasionally	Frequently	Often	
On top of the world	1	2	3	4	5	(17)
Very lonely or remote from other people	1	2	3	4	5	(18)
Angry at some minor frustration........	1	2	3	4	5	(19)
That you just couldn't get going.......	1	2	3	4	5	(20)
Particularly excited about something...	1	2	3	4	5	(21)
Depressed or very unhappy..............	1	2	3	4	5	(22)
Pleased about accomplishing something..	1	2	3	4	5	(23)
Bored	1	2	3	4	5	(24)
So restless you couldn't sit still long.	1	2	3	4	5	(25)
That you had far too much to do.........	1	2	3	4	5	(26)
Vaguely uneasy without quite knowing why	1	2	3	4	5	(27)
Relaxed and comfortable	1	2	3	4	5	(28)
In control of your life	1	2	3	4	5	(29)
Wanting to do something mischievous....	1	2	3	4	5	(30)

37. Below is a list of experiences some people have. Read each statement and think for a minute about whether you had the experience in the past month. Circle the number under the response which best describes how often the statement was true for you last month.

	Never	Rarely	Sometimes	Often	Quite Often	
Had thoughts about doing things that would not be approved by others	1	2	3	4	5	(31)
Felt like going "raging" or troublemaking for kicks	1	2	3	4	5	(32)
Drank alcohol to relax and "get away from it all"	1	2	3	4	5	(33)
Knew you could get away with something without being caught	1	2	3	4	5	(34)
Felt you could go somewhere or do something where you could be at ease and relaxed from worries and pressures	1	2	3	4	5	(35)
Considered yourself part of a regular drinking gang	1	2	3	4	5	(36)
Felt uneasy if a friend boasted or cautioned you about your drinking behavior	1	2	3	4	5	(37)
Felt you knew where you wanted to go in life	1	2	3	4	5	(38)
Felt you had no effective way to express your feelings and to release tensions (when not drinking)	1	2	3	4	5	(39)
Felt anxiousness or stress about your condition in life	1	2	3	4	5	(40)
Felt your friends were mostly just people you ended up hanging around with	1	2	3	4	5	(41)
Felt that you were getting all that you wanted out of life	1	2	3	4	5	(42)

SOCIAL ECOLOGY LABORATORY
Veterans Administration Hospital
3801 Miranda Bldg. 4, Rm. B-116
Palo Alto, California 94304

FOLLOW-UP INFORMATION FORM

Date________________

Dear______________________,

Last__________________, when you were a resident at__________________________, we went over this follow-up questionnaire with you and told you we'd be sending this to you in a few months.

We'd like to know how you're feeling and what you've been doing since you left our program. We're trying to do a better job of helping people deal with their alcohol problems, and your comments on this questionnaire will help us understand how effective our program is and how we can improve it. As you know all information you report is strictly confidential, and we'll be looking only at the group results of our past residents.

It's important that you answer every question carefully and return this questionnaire right away. We've enclosed a stamped return envelope for your convenience.

Thank you for helping us.

I PERSONAL INFORMATION

1. Please list your occupational history since you left the treatment program (include student, housewife, retired, disabled, unemployed, etc.).

From-To (Mo/Yr)	Occupation (If employed, specify type of work)	Hours per week	Weekly Income
1			
2			
3			

2. Please list all of your alcohol related treatment experiences (hospitalizations, counselling, AA meetings, etc.) since the date you left this program.

Date Entered (Mo/Yr)	Length of Stay	Name of Program	Your Status (e.g., in-patient out-patient, etc.)	Type of Treatment (e.g., group therapy individual counselling, behavior conditioning, detox, medical, etc.)
1				
2				
3				

For the remainder of the questions on this form, circle the number that corresponds to your answer.

3.	Marital Status	(1) Divorced/ Annulled	(2) Married	(3) Separated	(4) Single	(5) Widowed (59
4.	Length of stay at your most recent residence	(1) Under 3 months	(2) 3 months to 1 year	(3) 1-2 years	(4) 2-4 years	(5) Over 4 years (68
5.	Type of residence	(1) Own home	(2) Rent house	(3) Apartment	(4) Rent room	(5) Live with family or friends (69
6.	Total income since you left the program	(1) Under \$3,000	(2) \$3,000-\$6,000	(3) \$6,000-\$10,000	(4) \$10,000-\$15,000	(5) Over \$15,000 (1

II SOCIAL AND RECREATIONAL ACTIVITIES

7. How often did you engage in these activities during the last month?

	Never	Seldom	Occasionally	Frequently	Often	
Working on hobbies................	1	2	3	4	5	(2)
Attending parties.................	1	2	3	4	5	(3)
Watching television...............	1	2	3	4	5	(4)
Reading (any type)................	1	2	3	4	5	(5)
Spending time with close friends..	1	2	3	4	5	(6)
Going to bars.....................	1	2	3	4	5	(7)
Sports (participant)..............	1	2	3	4	5	(8)
Church attendance.................	1	2	3	4	5	(9)
Attending cultural events.........	1	2	3	4	5	(10)
Community activities..............	1	2	3	4	5	(11)

III LEGAL HISTORY

	One	Two	Three	Four or more	None	
8. Number of arrests since you left the program?	1	2	3	4	5	(12)
9. How many resulted in conviction?	1	2	3	4	5	(13)
10. Number of arrests for drinking while driving since you left the program?	1	2	3	4	5	(14)
11. Number of arrests for drinking, not related to driving since you left the program?	1	2	3	4	5	(15)

IV HEALTH AIDS AND DRUGS

12. How often did you use the following last month?

	Never	Seldom	Occasionally	Frequently	Often	
Aspirin...........................	1	2	3	4	5	(16)
Sleeping pills....................	1	2	3	4	5	(17)
Tranquilizers.....................	1	2	3	4	5	(18)
Vitamins..........................	1	2	3	4	5	(19)
Stomach medicine..................	1	2	3	4	5	(20)
Tonics............................	1	2	3	4	5	(21)
Coffee............................	1	2	3	4	5	(22)
Tobacco...........................	1	2	3	4	5	(23)
Marijuana.........................	1	2	3	4	5	(24)
Psychedelic drugs.................	1	2	3	4	5	(25)
Amphetamines......................	1	2	3	4	5	(26)
Barbiturates......................	1	2	3	4	5	(27)

V. DRINKING BEHAVIOR

A. Personal Drinking Behavior

13. How often did you experience the following last month?

	Never	Seldom	Occasionally	Frequently	Often	
Missed meals due to drinking...........	1	2	3	4	5	(28)
Drank while on the job..................	1	2	3	4	5	(29)
Missed work because of drinking........	1	2	3	4	5	(30)
Got drunk................................	1	2	3	4	5	(31)
D.T.s, shakes, or withdrawal symptoms.	1	2	3	4	5	(32)
Had memory lapses or "blackouts".......	1	2	3	4	5	(33)
Had dry heaves or cold sweat...........	1	2	3	4	5	(34)
Had quarrels while drinking............	1	2	3	4	5	(35)
Had difficulty sleeping................	1	2	3	4	5	(36)
Had hallucinations or vague fears......	1	2	3	4	5	(37)
Had a severe hangover..................	1	2	3	4	5	(38)
Felt nervous or tense..................	1	2	3	4	5	(39)
Had an upset stomach...................	1	2	3	4	5	(40)
Had headaches..........................	1	2	3	4	5	(41)
Had dizzy spells.......................	1	2	3	4	5	(42)

14. How often in the last month did you.....

drink in the morning..................	1	2	3	4	5	(43)
drink at home.........................	1	2	3	4	5	(44)
drink at work.........................	1	2	3	4	5	(45)
drink at bars.........................	1	2	3	4	5	(46)
drink at parties......................	1	2	3	4	5	(47)
drink during the week days............	1	2	3	4	5	(48)
drink during weekends.................	1	2	3	4	5	(49)
drink alone...........................	1	2	3	4	5	(50)
drink with friends....................	1	2	3	4	5	(51)
drink with strangers..................	1	2	3	4	5	(52)

15. What was the largest amount of alcohol you drank in one day during the last month?

	None	Under One	One-Two	Two-Three	Three-Four	Five or more	
Beer (quarts)..............	☐	1	2	3	4	5	(53)
Wine (fifths)..............	☐	1	2	3	4	5	(54)
Hard liquor (pints)........	☐	1	2	3	4	5	(55)

16. How much alcohol did you usually drink at a time during the last month?

Beer (quarts)...............	☐	1	2	3	4	5	(56)
Wine (fifths)...............	☐	1	2	3	4	5	(57)
Hard liquor (pints).........	☐	1	2	3	4	5	(58)

17. Overall, how would you describe your drinking pattern for the last month?

(1) Never drank (2) Special occasions only (3) Social drinking (4) Occasional binges (5) Daily drinking (59)

18. How would you rate your drinking problem now?

(1) No problem (2) Rarely a problem (3) Sometimes a problem (4) Often a problem (5) Quite often a problem (60)

19. Longest period you were in control of your drinking problem since you left the program?

(1) Under 2 weeks (2) 2-4 weeks (3) 1-2 months (4) 2-4 months (5) Over 4 months (61)

20. How many bars and liquor stores are there within walking distance of your residence?

(1) None (2) One or two (3) Several (4) Quite a few (5) Don't know (62)

B. Drinking Behavior of Family and Friends

21. What drinking patterns do each of the following people have? (Answer for the one who drinks the most)

	Never drink	Drink only on special occasions	Social drinking only	Go on occasional binges	Drink daily	If this person lives with you, circle here	
Father................	1	2	3	4	5	6	(63)
Mother................	1	2	3	4	5	6	(64)
Spouse................	1	2	3	4	5	6	(65)
Son...................	1	2	3	4	5	6	(66)
Daughter..............	1	2	3	4	5	6	(67)
Brother...............	1	2	3	4	5	6	(68)
Sister................	1	2	3	4	5	6	(69)
Other relatives.......	1	2	3	4	5	6	(70)
Friends...............	1	2	3	4	5	6	(1)
Neighbors.............	1	2	3	4	5	6	(2)
Work associates.......	1	2	3	4	5	6	(3)

(Continued)

VI. SELF-DESCRIPTIONS AND FEELINGS

22. Listed below are some adjectives people use to describe themselves. Please look at each one and indicate how well that term describes the way you see yourself: not at all, slightly, somewhat, fairly well, or quite accurately.

	Not at all	Slightly	Somewhat	Fairly well	Quite accurately	
Aggressive	1	2	3	4	5	(4)
Ambitious	1	2	3	4	5	(5)
Calm	1	2	3	4	5	(6)
Confident	1	2	3	4	5	(7)
Desperate	1	2	3	4	5	(8)
Dominant	1	2	3	4	5	(9)
Easy going	1	2	3	4	5	(10)
Energetic	1	2	3	4	5	(11)
Happy	1	2	3	4	5	(12)
Outgoing	1	2	3	4	5	(13)
Pessimistic	1	2	3	4	5	(14)
Rebellious	1	2	3	4	5	(15)
Successful	1	2	3	4	5	(16)

23. Below is a list which describes some of the ways people feel at different times. Please tell us how often you felt like this during the past month.

Feeling	Never	Seldom	Occasionally	Frequently	Often	
On top of the world	1	2	3	4	5	(17)
Very lonely or remote from other people	1	2	3	4	5	(18)
Angry at some minor frustration	1	2	3	4	5	(19)
That you just couldn't get going	1	2	3	4	5	(20)
Particularly excited about something	1	2	3	4	5	(21)
Depressed or very unhappy	1	2	3	4	5	(22)
Pleased about accomplishing something	1	2	3	4	5	(23)
Bored	1	2	3	4	5	(24)
So restless you couldn't sit still long	1	2	3	4	5	(25)
That you had far too much to do	1	2	3	4	5	(26)
Vaguely uneasy without quite knowing why	1	2	3	4	5	(27)
Relaxed and comfortable	1	2	3	4	5	(28)
In control of your life	1	2	3	4	5	(29)
Wanting to do something mischievous	1	2	3	4	5	(30)

24. Below is a list of experiences some people have. Read each statement and think for a minute about whether you had the experience in the past month. Circle the number under the response which best describes how often the statement was true for you last month.

	Never	Rarely	Some-times	Often	Quite Often	
Had thoughts about doing things that would not be approved by others	1	2	3	4	5	(31)
Felt like going "raging" or troublemaking for kicks	1	2	3	4	5	(32)
Drank alcohol to relax and "get away from it all"	1	2	3	4	5	(33)
Knew you could get away with something without being caught	1	2	3	4	5	(34)
Felt you could go somewhere or do something where you could be at ease and relaxed from worries and pressures	1	2	3	4	5	(35)
Considered yourself part of a regular drinking gang	1	2	3	4	5	(36)
Felt uneasy if a friend boasted or cautioned you about your drinking behavior..........	1	2	3	4	5	(37)
Felt you knew where you wanted to go in life..	1	2	3	4	5	(38)
Felt you had no effective way to express your feelings and to release tensions (when not drinking)	1	2	3	4	5	(39)
Felt anxiousness or stress about your condition in life	1	2	3	4	5	(40)
Felt your friends were mostly just people you ended up hanging around with..........	1	2	3	4	5	(41)
Felt that you were getting all that you wanted out of life........................	1	2	3	4	5	(42)

25. Any other comments you'd like to make?

Again, thank you for your cooperation.

HEALTH AND DAILY LIVING FORM

Author: Rudolf H. Moos

Assessment Areas Covered: Mental health, physical health, alcohol consumption, depression, family relations, life events, spouse relations, child relations, social relationships, stress, coping, prognosis, in-treatment

Administration: Self-administered or interviewer-administered, at screening and followup

Design Features: Contains over 200 items divided into 6 sections. Nearly all questions are of the yes/no or multiple-choice types, with a few completion-type questions.

Abstract: The Health and Daily Living (HDL) Form was developed by Rudolf H. Moos, Ruth C. Cronkite, Andrew G. Billings, and John W. Finney as part of a longitudinal study of treatment outcome among 120 alcoholic patients, 105 of their spouses, and 267 controls. The original HDL questionnaire is referred to as *Adult Form A*. The questionnaire as upgraded and modified from the original study is labeled *Adult Form B*. There is also a companion *Youth Form*.

The HDL generates a series of 13 indexes for assessing an individual's health and general social functioning. Eight of the indexes deal with self-confidence and aspects of physical and mood-related symptoms, while five of the indexes cover use and problems associated with the use of substances such as alcohol and tobacco. Some of the assessment areas covered are: health-related functioning, social functioning and resources, family functioning and home environment, children's health and functioning, life change events, coping responses, and family level composite. The authors have also developed additional measures of health and social functioning, including the *Family Environment Scale* and the *Work Environment Scale*.

The HDL Form is described by Moos et al. (1984, p. 1) as "a structured assessment procedure that can be administered either as an interview or as a questionnaire. It can be used with both patient and community populations. The HDL includes questions that cover sociodemographic factors as well as varied sets of indices that tap health-related and social functioning, life stressors and strains, and coping responses and social resources. . . . We have used the HDL indices to examine the influence of extratreatment factors on treatment outcome as well as to explore the social resources and coping processes people use to prevent and adapt to stressful life circumstances."

Moos et al. (1984) have undertaken an extensive analysis of the internal consistency of the HDL Form using Cronbach's alpha. The indexes were found to have a fairly high degree of internal consistency using this measure.

Related Published Reports: Billings, A.G., and Moos, R.H. The role of coping responses and social resources in attenuating the stress of life events. *Journal of Behavioral Medicine*, 4:139-157, 1981.

Billings, A.G., and Moos, R.H. Psychosocial theory and research on depression: An integrative framework and review. *Clinical Psychology Review*, 2:213-237, 1982a.

Billings, A.G., and Moos, R.H. Psychosocial processes of recovery among alcoholics and their families: Implications for clinicians and program evaluators. Addictive Behaviors, 8:205-218, 1983.

Cronkite, R., and Moos, R.H. Determinants of the posttreatment functioning of alcoholic patients: A conceptual framework. Journal of Consulting and Clinical Psychology, 48:305-316, 1980.

Finney, J.; Moos, R.H.; Cronkite, R.; and Gamble, W. A conceptual model of the functioning of married persons with impaired partners: Spouses of alcoholic patients. Journal of Marriage and the Family, 45:23-34, 1983.

Finney, J.; Moos, R.H.; and Mewborn, C.R. Posttreatment experiences and treatment outcome of alcoholic patients six months and two years after hospitalization. Journal of Consulting and Clinical Psychology, 48:17-29, 1980.

Moos, R.H. Creating healthy human contexts: Environmental and individual strategies. In: Rosen, J., and Solomon, L., eds. Prevention in Health Psychology. Hanover, N.H.: University Press of New England, 1984.

Moos, R.H., and Billings, A. Children of alcoholics during the recovery process: Alcoholic and matched control families. Addictive Behaviors, 7:155-163, 1982.

Moos, R.H.; Cronkite, R.C.; Billings, A.G.; Finney, J.W. Health and Daily Living Form Manual. Palo Alto, Calif.: Social Ecology Laboratory, Veterans Administration and Stanford University Medical Centers, 1984.

Moos, R.H.; Finney, J.; and Chan, D. The process of recovery from alcoholism: Comparing alcoholic patients and matched community controls. Journal of Studies on Alcohol, 42:383-402, 1981.

Availability Source: Rudolf H. Moos, Ph.D., Director, Social Ecology Laboratory, Veterans Administration Hospital, 3801 Miranda, Building 4, Room B-116, Palo Alto, California 94304

Copyright: Copyright 1982 by Rudolf H. Moos, Social Ecology Laboratory, Stanford University and Veterans Administration Medical Centers, Palo Alto, California. Reproduced with permission by the U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute on Alcohol Abuse and Alcoholism. Further reproduction is prohibited without permission of the copyright holder.

FORM B

HEALTH AND DAILY LIVING

This is your copy of the special Health questionnaire. Please answer each question as accurately as you can by placing an "X" in the box next to the answer that you select or by entering information in the space provided.

All your answers are strictly confidential. If for any reason you do not wish to answer a question, please circle the question so that we know you have intentionally skipped it.

Please ignore the small numbers which appear by the boxes or in the margins. They are to help us record your answers. We appreciate your cooperation in this important survey.

SOME FACTS ABOUT YOU

1. When were you born? (Specify year only) 19______ 1-2

2. How many years did you finish in school? (Circle last year COMPLETED) 3-4

HIGH SCHOOL					COLLEGE/VOCATIONAL SCHOOL				
08	09	10	11	12	13	14	15	16	17
8 or less	9th	10th	11th	12th	1st	2nd	3rd	4th	5 or more

3. What is your religious preference? 5

1☐ Catholic 2☐ Jewish 3☐ Protestant 4☐ Other 5☐ None

4. What is your ethnic background? 6

1☐ American Indian 2☐ Asian 3☐ Black 4☐ Mexican-American ☐ White 6☐ Other

5. What is your marital status? 7

1☐ Never Married

2☐ Married
How long have you been married to your present spouse?
______years

3☐ Separated.
How long did you live with your spouse before you separated?
______years

4☐ Divorced 5☐ Widowed
How long were you married to your (last) spouse?
________years

8-9

6. How many times have you been married altogether? ________ times 10

Copyright 1982; Rudolf H. Moos
Social Ecology Laboratory
Stanford University and Veterans Administration
Medical Centers
Palo Alto, California

SOME FACTS ABOUT YOU (cont'd)

7. Are you employed now?

1☐ No
2☐ Yes, part time only
3☐ Yes, full time only
4☐ Yes, full time and part time 11

8. DURING THE LAST YEAR, how many times did you change jobs? ________times 12

9. What is your present (or usual if not currently employed) occupation?

____ 13-16

10. If not currently employed, what is the main reason? (Choose one answer)

1☐ Temporarily laid off
2☐ Not employed and looking for work
3☐ Not employed and not looking for work
4☐ Student
5☐ Poor health
6☐ Retired
7☐ Homemaker
8☐ Other reason 17

11. If not currently employed, how long have you been out of work?

1☐ Less than 3 months
2☐ 3-6 months
3☐ 6-9 months
4☐ 9 months to a year
5☐ 1 year or more 18

12. (Optional) What is your income?

Your own annual earnings before taxes (wages, salar , commissions)

1☐ Less than $5,000
2☐ $5,000 - $7,999
3☐ $8,000 - $11,999
4☐ $12,000 - $14,999
5☐ $15,000 - $19,999
6☐ $20,000 - $24,999
7☐ $25,000 - $29,999
8☐ $30,000 or more 19

Your total annual family income before taxes (your earnings plus those of others living with you)

1☐ Less than $5,000
2☐ $5,000 - $7,999
3☐ $8,000 - $11,999
4☐ $12,000 - $14,999
5☐ $15,000 - $19,999
6☐ $20,000 - $24,999
7☐ $25,000 - $29,999
8☐ $30,000 or more 20

YOUR HEALTH IN THE LAST 12 MONTHS

1. Here is a list of medical conditions that usually last some time. DURING THE LAST 12 MONTHS, have you had any of these conditions? (Answer "Yes" only if diagnosed by a physician)

Yes No
1 2
☐ ☐ Anemia (low blood) 21
☐ ☐ Asthma 22
☐ ☐ Arthritis or rheumatism 23
☐ ☐ Bronchitis 24
☐ ☐ Cancer 25
☐ ☐ Chronic liver trouble 26
☐ ☐ Diabetes 27

Yes No
1 2
☐ ☐ Serious back trouble 28
☐ ☐ Heart trouble 29
☐ ☐ High blood pressure 30
☐ ☐ Kidney trouble 31
☐ ☐ Stroke 32
☐ ☐ Tuberculosis 33
☐ ☐ Ulcer 34

2. Here is a list of physical symptoms. Have you experienced any of them FAIRLY OFTEN IN THE PAST 12 MONTHS?

Yes No
1 2
☐ ☐ Felt weak all over 35
☐ ☐ Suddenly felt hot all over 36
☐ ☐ Heart beating hard, pounding 37
☐ ☐ Poor appetite 38
☐ ☐ Nervousness (fidgety, tense) 39
☐ ☐ Restlessness, couldn't sit still 40

Yes No
1 2
☐ ☐ Acid stomach or indigestion 41
☐ ☐ "Cold sweats" 42
☐ ☐ Hands trembling 43
☐ ☐ Headaches 44
☐ ☐ Constipation 45
☐ ☐ Insomnia (trouble falling asleep or staying asleep) 46

3. Here are some of the ways people feel at different times. DURING THE LAST 12 MONTHS have you:

Yes No
1 2
☐ ☐ Felt that you just couldn't get going? 47
☐ ☐ Felt that you were a worrier? 48
☐ ☐ Felt that your memory wasn't all right? 49

Yes No
1 2
☐ ☐ Had personal worries that made you feel sick? 50
☐ ☐ Felt that nothing turned out right for you? 51
☐ ☐ Wondered if anything was worthwhile any more? 52

YOUR HEALTH IN THE LAST 12 MONTHS (cont'd)

4. Do you smoke tobacco (cigarettes, cigars, pipe)? 1☐ Yes 2☐ No 53

5. If yes, (a) Do you smoke more, the same, or less now than you did a year ago?

1☐ More 2☐ Same 3☐ Less 54

(b) How much do you usually smoke each day?

_____cigarettes (55-56) _____cigars (57) _____pipefuls of tobacco (58)

6. Have you had any physical symptoms because of too much smoking? 1☐ Yes 2☐ No 59

If yes, what kinds of symptoms have you had?

Yes 1	No 2			Yes 1	No 2		
☐	☐	Sore throat	60	☐	☐	Shortness of breath	62
☐	☐	Cough	61	☐	☐	Other (Specify)__________	63

7. Do you drink any alcoholic beverages (wine, beer, liquor)? 1☐ Yes 2☐ No 64

If yes, (a) how often did you drink wine, beer, or hard liquor DURING THE PAST MONTH?

	Never drank it 1	Less than once a week 2	Once or twice a week 3	3-4 days a week 4	Nearly every day 5	
Wine	☐	☐	☐	☐	☐	65
Beer	☐	☐	☐	☐	☐	66
Hard liquor	☐	☐	☐	☐	☐	67

(b) When you drink, how much do you usually drink IN A TYPICAL DAY?

Wine	1☐ 1 glass	2☐ 2-3 glasses	3☐ 1 fifth	4☐ 2 fifths	5☐ 3 fifths or more	68
Beer	1☐ 1 glass	2☐ 2-3 glasses (1-2 cans)	3☐ 1-2 quarts (3-6 cans)	4☐ 3-4 quarts (9-12 cans)	5☐ 5 quarts or more (15 cans or more)	69
Hard liquor	1☐ 1 shot	2☐ 2-3 shots	3☐ 1 pint	4☐ 2 pints	5☐ 3 pints or more	70

YOUR HEALTH IN THE LAST 12 MONTHS (cont'd)

7. Have you had any difficulty IN THE PAST YEAR because of too much drinking?

1☐ Yes   2☐ No   1

If yes, what kinds of difficulties have you had?

Yes 1	No 2			Yes 1	No 2		
☐	☐	Your health	2	☐	☐	Hit someone	6
☐	☐	Your job	3	☐	☐	Trouble in neighborhood	7
☐	☐	Money problems	4	☐	☐	Trouble with the police	8
☐	☐	Family arguments	5	☐	☐	Trouble with friends	9

8. Listed below are some adjectives people use to describe themselves. For each word, check the box which shows how well the word describes you, from "not at all" to "quite accurately."

	Not at all 1	Slightly 2	Somewhat 3	Fairly well 4	Quite accurately 5	
Aggressive............	☐	☐	☐	☐	☐	10
Ambitious.............	☐	☐	☐	☐	☐	11
Assertive.............	☐	☐	☐	☐	☐	12
Calm..................	☐	☐	☐	☐	☐	13
Confident.............	☐	☐	☐	☐	☐	14
Dominant..............	☐	☐	☐	☐	☐	15
Easy going............	☐	☐	☐	☐	☐	16
Energetic.............	☐	☐	☐	☐	☐	17
Happy.................	☐	☐	☐	☐	☐	18
Outgoing..............	☐	☐	☐	☐	☐	19
Successful............	☐	☐	☐	☐	☐	20

YOUR HEALTH IN THE LAST 12 MONTHS (cont'd)

1. Not counting check-ups, how many times did you see a doctor DURING THE LAST YEAR? No. of times? ______________ 21-22

2. Have you been hospitalized during the last year? 1☐ Yes 2☐ No 23

If yes, how long (no. of days)? ____ (24-26) For what condition(s)? ______________ 27

3. Have you been unable to work or carry out your usual activities because of health problems? 1☐ Yes 2☐ No 28

If yes, how long (no. of days)? ____ (29-31) For what condition(s)? ______________ 32

4. DURING THE LAST 12 MONTHS, have you frequently used any of the following medications?

Yes 1	No 2			Yes 1	No 2		
☐	☐	Allergy pills	33	☐	☐	Laxatives	39
☐	☐	Amphetamines (uppers)	34	☐	☐	Pain killers	40
☐	☐	Antibiotics	35	☐	☐	Sleeping pills	41
☐	☐	Antidepressants	36	☐	☐	Medicine for indigestion	42
☐	☐	Aspirin	37	☐	☐	Tranquilizers	43
☐	☐	Diet pills	38	☐	☐	Vitamins	44

5. Sometimes when people have problems they turn to certain persons for help. HAVE YOU EVER GONE to any of the people on this list for advice or help with marriage or family problems, or other personal problems? If you have, was it IN THE LAST 12 MONTHS?

	Ever done? Yes 1	No 2		In last 12 MONTHS? Yes 1	No 2	
a. Minister, priest, rabbi or other spiritual counselor?................	☐	☐	45	☐	☐	53
b. Marriage or family counselor?........	☐	☐		☐	☐	
c. Medical doctor? (not a psychiatrist).	☐	☐		☐	☐	
d. Psychiatrist or psychologist?........	☐	☐		☐	☐	
e. Policeman or probation officer?......	☐	☐		☐	☐	
f. Self-help or sensitivity group?......	☐	☐		☐	☐	
g. Lawyer?............................	☐	☐		☐	☐	
h. Your employer?......................	☐	☐	52	☐	☐	60

YOUR HEALTH IN THE LAST MONTH

We have asked you about your general health during the last year. Now we would like to know how you have been feeling DURING THE LAST MONTH.

DURING THE LAST MONTH, how often have you experienced the following?	Never 1	Seldom 2	Some-times 3	Fairly Often 4	Often 5	
1. Feeling depressed (sad or blue).......	☐	☐	☐	☐	☐	1
2. Poor appetite or weight loss..........	☐	☐	☐	☐	☐	
3. Increased appetite or weight gain.....	☐	☐	☐	☐	☐	
4. Trouble sleeping or sleeping too much.............................	☐	☐	☐	☐	☐	
5. Loss of energy; fatigue; tiredness....	☐	☐	☐	☐	☐	5
6. Been unable to sit still..............	☐	☐	☐	☐	☐	
7. Feeling slowed down and having trouble moving......................	☐	☐	☐	☐	☐	
8. Loss of interest or pleasure in your usual activities or in sex..........	☐	☐	☐	☐	☐	
9. Feeling guilty, worthless or down on yourself........................	☐	☐	☐	☐	☐	
10. Trouble concentrating, thinking or making decisions....................	☐	☐	☐	☐	☐	10
11. Thoughts about death or suicide.......	☐	☐	☐	☐	☐	
12. Crying...............................	☐	☐	☐	☐	☐	
13. Feeling negative or pessimistic.......	☐	☐	☐	☐	☐	
14. Brooding about unpleasant things......	☐	☐	☐	☐	☐	
15. Feeling inadequate....................	☐	☐	☐	☐	☐	15
16. Feeling resentful, irritable, angry...	☐	☐	☐	☐	☐	
17. Needing reassurance or help...........	☐	☐	☐	☐	☐	
18. Feeling sorry for yourself............	☐	☐	☐	☐	☐	
19. Physical symptoms or complaints.......	☐	☐	☐	☐	☐	19

EVENTS IN THE PAST YEAR

1. Here is a list of events that may happen to anyone. Have you experienced any of them personally DURING THE LAST 12 MONTHS?

IF YES, please indicate:
(a) how many months ago the event occurred;
(b) whether you had any control over it; and
(c) whether it has happened to you before.

List of Events	Yes 1	No 2		How many months ago?	Did you have any control over it? Yes 1	No 2	Has it happened to you before? Yes 1	No 2
Moved to a new residence.....	☐	☐ 20	IF YES →	⌊ ⌋ months 36-37	☐	☐ 1	☐	☐ 17
Your graduation from school or training program........	☐	☐	IF YES →	⌊ ⌋ months	☐	☐	☐	☐
You lost something of sentimental value.........	☐	☐	IF YES →	⌊ ⌋ months	☐	☐	☐	☐
Death of a close friend......	☐	☐	IF YES →	⌊ ⌋ months	☐	☐	☐	☐
Trouble with friends or neighbors...............	☐	☐	IF YES →	⌊ ⌋ months	☐	☐	☐	☐
Engagement..................	☐	☐ 25	IF YES →	⌊ ⌋ months 46-47	☐	☐ 6	☐	☐ 22
Marriage.....................	☐	☐	IF YES →	⌊ ⌋ months	☐	☐	☐	☐
Separation...................	☐	☐	IF YES →	⌊ ⌋ months	☐	☐	☐	☐
Marital reconciliation.......	☐	☐	IF YES →	⌊ ⌋ months	☐	☐	☐	☐
Divorce......................	☐	☐	IF YES →	⌊ ⌋ months	☐	☐	☐	☐
Birth of a child in your immediate family...........	☐	☐ 30	IF YES →	⌊ ⌋ months 56-57	☐	☐ 11	☐	☐ 27
Trouble with in-laws.........	☐	☐	IF YES →	⌊ ⌋ months	☐	☐	☐	☐
Your own serious illness or injury..................	☐	☐	IF YES →	⌊ ⌋ months	☐	☐	☐	☐
Serious illness or injury of family member...........	☐	☐	IF YES →	⌊ ⌋ months	☐	☐	☐	☐
Death of a spouse............	☐	☐	IF YES →	⌊ ⌋ months	☐	☐	☐	☐
Death of immediate family member (other than spouse)	☐	☐ 35	IF YES →	⌊ ⌋ months 66-67	☐	☐ 16	☐	☐ 32

EVENTS IN THE PAST YEAR

List of Events	Yes	No		How many months ago?	Did you have any control over it?		Has it happened to you before?	
	1	2			Yes 1	No 2	Yes 1	No 2
Trouble with superiors at work	☐	☐ 33	IF YES →	months 49-50	☐	☐ 13	☐	☐ 29
Laid off or fired from a job	☐	☐	IF YES →	months	☐	☐	☐	☐
Unemployed for a month or more	☐	☐	IF YES →	months	☐	☐	☐	☐
Had a greatly increased work load	☐	☐	IF YES →	months	☐	☐	☐	☐
Promotion at work	☐	☐	IF YES →	months	☐	☐	☐	☐
Took a better (new) job	☐	☐ 38	IF YES →	months 59-60	☐	☐ 18	☐	☐ 34
Income increased substantially (20%)	☐	☐	IF YES →	months	☐	☐	☐	☐
Income decreased substantially (20%)	☐	☐	IF YES →	months	☐	☐	☐	☐
Went deeply into debt	☐	☐	IF YES →	months	☐	☐	☐	☐
Your child entered a new school	☐	☐ 42	IF YES →	months 67-68	☐	☐ 22	☐	☐ 38
Your child left home (e.g., for school, military service)	☐	☐	IF YES →	months 1-2	☐	☐	☐	☐
Your child came home after a long absence	☐	☐	IF YES →	months	☐	☐	☐	☐
Other relative moved into household	☐	☐	IF YES →	months	☐	☐	☐	☐
Legal problems	☐	☐	IF YES →	months	☐	☐	☐	☐
Alcohol or drug problem	☐	☐	IF YES →	months	☐	☐	☐	☐
Assaulted or robbed	☐	☐ 48	IF YES →	months 11-12	☐	☐ 28	☐	☐ 44

EVENTS IN THE PAST YEAR (cont'd)

2. Please pick the most important problem from those you checked on the previous two pages, OR, if none of these problems have come up, select another problem (even a minor one) that you have had to deal with.

WRITE THE NAME OF THIS EVENT ______________________________ 45-51

Please indicate which of the following you did in connection with this event:

	NO 1	YES, once or twice 2	YES, Sometimes 3	YES, fairly often 4	
1. Tried to find out more about the situation	☐	☐	☐	☐	52
2. Talked with spouse or other relative about the problem	☐	☐	☐	☐	
3. Talked with friend about the problem	☐	☐	☐	☐	
4. Talked with professional person (e.g., doctor, lawyer, clergy)	☐	☐	☐	☐	
5. Prayed for guidance and/or strength	☐	☐	☐	☐	
6. Prepared for the worst	☐	☐	☐	☐	57
7. Didn't worry about it. Figured everything would probably work out	☐	☐	☐	☐	
8. Took it out on other people when I felt angry or depressed	☐	☐	☐	☐	
9. Tried to see the positive side of the situation	☐	☐	☐	☐	
10. Got busy with other things to keep my mind off the problem	☐	☐	☐	☐	61
11. Made a plan of action and followed it	☐	☐	☐	☐	1
12. Considered several alternatives for handling the problem	☐	☐	☐	☐	
13. Drew on my past experiences; I was in a similar situation before	☐	☐	☐	☐	
14. Kept my feelings to myself	☐	☐	☐	☐	
15. Took things a day at a time, one step at a time	☐	☐	☐	☐	5

EVENTS IN THE PAST YEAR (cont'd)

	NO 1	YES, once or twice 2	YES, some-times 3	YES, fairly often 4	
16. Tried to step back from the situation and be more objective....................	☐	☐	☐	☐	6
17. Went over the situation in my mind to try to understand it....................	☐	☐	☐	☐	
18. Tried not to act too hastily or follow my first hunch.........................	☐	☐	☐	☐	
19. Told myself things that helped me feel better................................	☐	☐	☐	☐	
20. Got away from things for a while.........	☐	☐	☐	☐	
21. I knew what had to be done and tried harder to make things work..............	☐	☐	☐	☐	
22. Avoided being with people in general.....	☐	☐	☐	☐	12
23. Made a promise to myself that things would be different next time............	☐	☐	☐	☐	
24. Refused to believe that it happened......	☐	☐	☐	☐	
25. Accepted it; nothing could be done.......	☐	☐	☐	☐	
26. Let my feelings out somehow..............	☐	☐	☐	☐	
27. Sought help from persons or groups with similar experiences.....................	☐	☐	☐	☐	
28. Bargained or compromised to get something positive from the situation...	☐	☐	☐	☐	18
29. Tried to reduce tension by:					
(a) drinking more..................	☐	☐	☐	☐	
(b) eating more....................	☐	☐	☐	☐	
(c) smoking more...................	☐	☐	☐	☐	
(d) exercising more................	☐	☐	☐	☐	
(e) taking more tranquilizing drugs.	☐	☐	☐	☐	23

SOME QUESTIONS ABOUT YOUR FAMILY AND FRIENDS

1. About how many friends do you have, people you know more than just casually? ________friends 24-25

2. How many close friends do you have, people you feel at ease with and can talk to about personal problems? ________friends 26-27

3. How many people do you know from whom you can expect real help in times of trouble? ________people 28-29

4. How many clubs and organizations (e.g., church group, union, PTA, bowling team) do you belong to? ________clubs and organizations 30

5. Do you belong to a close circle of friends, a group of people who keep in close touch with each other? 1☐ Yes 2☐ No 31

6. How often do you attend religious services?

Never	Once or twice a year	Several times a year	Once or twice a month	Every week	More than once a week	
1	2	3	4	5	6	
☐	☐	☐	☐	☐	☐	32

7. DURING THE LAST MONTH, have you done, or attended any of these activities?

	Together with another family member		Together with one or more friends	
	Yes 1	No 2	Yes 1	No 2
a. Athletic event	☐	☐ 33	☐	☐ 45
b. Boardgames (chess, checkers, scrabble)	☐	☐	☐	☐
c. Card game	☐	☐	☐	☐
d. Concert, opera, or museum	☐	☐	☐	☐
e. Had a long talk	☐	☐	☐	☐
f. Helped out on some project	☐	☐ 38	☐	☐ 50
g. Hike or long walk	☐	☐	☐	☐
h. Hunting or fishing	☐	☐	☐	☐
i. Meeting of a club or organization	☐	☐	☐	☐
j. Party	☐	☐	☐	☐
k. Picnic	☐	☐	☐	☐
l. Swimming or tennis	☐	☐ 44	☐	☐ 56

8. DURING THE LAST MONTH, how often did you get together with one or more friends?

Friends visited at your home ______ times 1-2 Got together with friends outside your home ______ times 3-4

9. DURING THE LAST MONTH, how often did you visit with relatives?

Relatives visited at your home ______ times 5-6 Visited with relatives outside of your home ______ times 7-8

10. Different people do their household tasks in different ways. DURING THE LAST MONTH, how have the following tasks been done in your household?

	You only 1	You mostly 2	You + someone else equally 3	Someone else mostly 4	Someone else only 5	Does not apply 6	
Shops for groceries.......	☐	☐	☐	☐	☐	☐	9
Plans and cooks meals.....	☐	☐	☐	☐	☐	☐	
Takes out garbage.........	☐	☐	☐	☐	☐	☐	
Cleans the house..........	☐	☐	☐	☐	☐	☐	
Does heavy housework......	☐	☐	☐	☐	☐	☐	13
Makes minor household repairs.................	☐	☐	☐	☐	☐	☐	
Tends the yard...........	☐	☐	☐	☐	☐	☐	
Handles the bills.........	☐	☐	☐	☐	☐	☐	
Decides how the money should be spent.........	☐	☐	☐	☐	☐	☐	17
Brings car in for repairs................	☐	☐	☐	☐	☐	☐	
Drives to family outings..	☐	☐	☐	☐	☐	☐	
Helps children with homework...............	☐	☐	☐	☐	☐	☐	
Disciplines children......	☐	☐	☐	☐	☐	☐	21

If you indicated that "someone else" helped with some of the above household tasks, was that person generally your spouse, child, or another person?

1☐spouse 2☐child 3☐another person 22

BEST COPY AVAILABLE

FAMILY ACTIVITIES

11. Do any of the following topics often cause disagreements in your family?

Yes 1	No 2			Yes 1	No 2		
☐	☐	Friends	23	☐	☐	Helping with household chores	30
☐	☐	Relatives	24	☐	☐	Sex	31
☐	☐	Driving habits	25	☐	☐	Drugs	32
☐	☐	Politics	26	☐	☐	Alcohol	33
☐	☐	Money	27	☐	☐	Cigarette smoking	34
☐	☐	Use of the car	28	☐	☐	Discipline	35
☐	☐	Watching TV	29	☐	☐	Major purchases	36

12. Think of a person who is important to you. Indicate your relationship to this person.

Relationship: 1☐spouse 2☐parent 3☐child 4☐other 3

How often do the two of you:	Never 1	Seldom 2	Some-times 3	Fairly Often 4	Often 5	
calmly discuss something together......	☐	☐	☐	☐	☐	3
have a stimulating exchange of ideas...	☐	☐	☐	☐	☐	3
disagree about something important.....	☐	☐	☐	☐	☐	4
become critical and disapproving.......	☐	☐	☐	☐	☐	4
have a good time together.............	☐	☐	☐	☐	☐	4
become angry..........................	☐	☐	☐	☐	☐	4

FACTS ABOUT YOUR HOME

1. For each word pair below, circle the number which best describes your home. For example, if your home is very neat, circle "1", if it is very messy, circle "5". If it is somewhere between very neat and very messy, circle 2, 3, or 4.

Neat	1	2	3	4	5	Messy	4
Clean	1	2	3	4	5	Dirty	4
Comfortable	1	2	3	4	5	Uncomfortable	4
Quiet	1	2	3	4	5	Noisy	4
Light	1	2	3	4	5	Dark	4
Adequate size	1	2	3	4	5	Inadequate size	4

FACTS ABOUT YOUR HOME (cont'd)

2. DURING THE LAST 12 MONTHS how often have you moved? _____times 50

3. How long have you lived at your present address? _____months or _____years 51

4. Do you own or rent your residence? 1☐ Own 2☐ Rent 3☐ Other 52

5. How would you describe your residence? (Choose only one category) 53

1☐ A one-family house detached from any other house

2☐ A one-family house attached to one or more houses

3☐ A building for two families

4☐ A building for 3-4 families

5☐ A building for 5 or more families

6☐ A mobile home

7☐ Other (what?________________)

6. What category best describes your neighborhood? (Choose one) 54

1☐ Urban-commercial or industrial

2☐ Multiple-unit residential (mainly apartments, hotels, condominiums)

3☐ Suburban-residential (mainly one or two-family homes)

4☐ Rural

7. How many rooms are there in your house or apartment? (Include kitchen but not bathrooms) _______rooms 55

8. How many bedrooms are there in your house or apartment? _______bedrooms 56

9. Does your residence have a yard or patio? 1☐ Yes 2☐ No 57

FACTS ABOUT YOUR CHILDREN (If no children at home, skip to bottom of page)

1. How many children are living with you now? ______ no. of girls (1) ______ no. of boys (2)

2. When were the children living in your home born? (Specify year only)

Girls:	19______ 3-4	19______ 5-6	19______ 7-8	19______ 9-10
Boys:	19______ 11-12	19______ 13-14	19______ 15-16	19______ 17-18

3. Here is a list of common ailments or conditions. DURING THE LAST 12 MONTHS, have any of them bothered one or more of your children?

Yes 1	No 2		
☐	☐	Allergies	19
☐	☐	Anemia (low blood)	20
☐	☐	Anxiety or tension	21
☐	☐	Asthma	22
☐	☐	Feeling sad or blue	23
☐	☐	Frequent colds or coughs	24
☐	☐	Academic problems at school	25
☐	☐	Discipline problems at school	26

Yes 1	No 2		
☐	☐	Frequent headaches	27
☐	☐	Nail biting	28
☐	☐	Nightmares	29
☐	☐	Overweight or underweight	30
☐	☐	Serious physical problem	31
☐	☐	Mental or emotional problem	32
☐	☐	Repeated stomach ache or indigestion	33
☐	☐	Problems getting along with other children	34

a) Do any of the children in your household smoke cigarettes? 1☐ Yes 2☐ No 35

b) Do any of the children in your household use drugs or medication regularly? 1☐ Yes 2☐ No 36

c) Do any of the children in your household drink alcoholic beverages regularly? 1☐ Yes 2☐ No 37

* * * * * *

What is today's date ? ______________ 69-70

This completes the questionnaire. Thank you very much for your help in our study.

If you have any comments or suggestions about our survey, we would like to have them. Please write them on the back of this page.

COMMUNITY ORIENTED PROGRAMS ENVIRONMENT SCALE

Author: Rudolf H. Moos

Assessment Areas Covered: Treatment program social atmosphere, client satisfaction

Administration: Self-administered to both patients and staff of a treatment program, at in-treatment and followup

Design Features: 100 true or false items contained in a booklet with accompanying answer sheet

Abstract: The Community Oriented Programs Environment Scale (COPES) is one of several Social Climate Scales developed by Rudolf Moos. Another of these scales that is frequently used in the alcoholism treatment assessment field is the Ward Atmosphere Scale. All of the scales are used to assess and monitor the social atmosphere of a program and are used as a means of comparing individual programs.

The COPES has 10 subscales that are grouped into three "dimensions." The relationship dimension includes subscales on involvement, support, and spontaneity. The treatment program dimension covers subscales on autonomy, practical orientation, personal problem orientation, and anger and aggression. The system maintenance dimension includes subscales related to order and organization, program clarity, and staff control.

Psychometric analyses of the COPES have been developed by Moos (1972, 1974a). Bromet et al. (1976, p. 911) briefly summarized COPES psychometric properties as follows: "The ten subscales have moderate to high internal consistency (ranging from .63 to .89), are moderately intercorrelated, and all significantly discriminate (one-way analysis of variance) among programs for both patients and staff."

Related Published Reports:

Bliss, F.; Moos, R.; and Bromet, E. Monitoring change in community-oriented treatment programs. Journal of Community Psychology, 4:315-326, 1976.

Bromet, E.; Moos, R.; and Bliss, F. The social climate of alcoholism treatment programs. Archives of General Psychiatry, 33:910-916, 1976.[1]

Cronkite, R., and Moos, R. Evaluating alcoholism treatment programs: An integrated approach. Journal of Consulting and Clinical Psychology, 46:1105-1119, 1978.[1]

Cronkite, R., and Moos, R. Sex and marital status in relation to the treatment and outcome of alcoholic patients. Palo Alto, Calif.: Social Ecology Laboratory, Department of Psychiatry, Stanford University, 1979.

Moos, R. Community Oriented Programs Environment Scale Manual. Palo Alto, Calif.: Consulting Psychologists Press, 1974a.

---

[1] Refer to volume 1 in this series, Summaries of Alcoholism Treatment Assessment Research, for a further discussion of this article.

Moos, R. Evaluating Treatment Environments: A Social Ecological Approach. New York: John Wiley and Sons, 1974b.

Moos, R. Changing the social milieus of psychiatric treatment settings. Journal of Applied Behavioral Science, 9:575-593, 1973.

Moos, R. Assessment of the psychosocial environments of community-oriented psychiatric treatment programs. Journal of Abnormal Psychology, 79:9-18, 1972.

Moos, R., and Bromet, E. The relation of patient attributes to perceptions of the treatment environment. Journal of Consulting and Clinical Psychology, 46:350-351, 1978.

Moos, R.; Clayton, J.; and Max, W. The Social Climate Scales: An Annotated Bibliography: Part I. Palo Alto, Calif.: Consulting Psychologists Press, 1979.

Moos, R.; Mehren, B.; and Moos, B. The Salvation Army alcoholism treatment program: A case study. Journal of Alcohol Studies, 39:1267-1275, 1978.

Moos, R., and Otto, J. The Community-Oriented Programs Environment Scale: A method for the facilitation and evaluation of social change. Community Mental Health Journal, 8:28-37, 1972.

Otto, J., and Moos, R. Patient expectations and attendance in community treatment programs. Community Mental Health Journal, 10:9-15, 1974.

Otto, J., and Moos, R. Evaluating descriptions of psychiatric treatment programs. American Journal of Orthopsychiatry, 43:401-440, 1973.

Moos, R., and Spinrad, S. The Social Climate Scales: An Annotated Bibliography 1979-1983. Palo Alto, Calif.: Consulting Psychologists Press, 1984.

Availability Source: Consulting Psychologists Press, 577 College Avenue, Palo Alto, California 94036

Copyright: Reproduced by special permission of the publisher, Consulting Psychologists Press, Inc., from the Community Oriented Programs Environment Scale, by Rudolf Moos, copyright 1974. Reproduced by the U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute on Alcohol Abuse and Alcoholism. Further reproduction is prohibited without permission of the copyright holder.

COMMUNITY ORIENTED PROGRAMS
ENVIRONMENT SCALE
(FORM R)*

Members put a lot of energy into what they do around here.

The healthier members here help take care of the less healthy ones.

Members tend to hide their feelings from one another.

There is no membership government in this program.

Members hardly ever discuss their sexual lives.

Members are careful about what they say when staff are around.

Staff sometimes argue openly with each other.

The program rules are clearly understood by the members.

Some members look messy.

Staff sometimes don't show up for their appointments with members.

Members here are expected to demonstrate continued concrete progress toward their goals.

Members may interrupt staff when they are talking.

Discussions are very interesting here.

Members are rarely encouraged to discuss their personal problems here.

Staff rarely give in to pressure from members.

Members must make detailed plans before leaving this program.

Members here rarely become angry.

The staff strongly encourages members to be neat and orderly here.

There are often changes in the rules here.

The staff make and enforce all the rules here.

---

*A representative sampling of 20 items, including 2 items from each of the 10 subscales.

DUI PROBATION FOLLOW-UP PROJECT
LIFE ACTIVITIES QUESTIONNAIRE

Author: National Highway Traffic Safety Administration

Assessment Areas Covered: Alcohol consumption, physical health, employment, social relationships, lifestyle, residence, personality factors, motor vehicle driving arrests, legal, behavioral aspects of drinking, DUI, epidemiology

Administration: Interviewer-administered (60 minutes), at followup

Design Features: Life Activities Questionnaire (LAI)--82 items (reproduced here); also included in the battery are the General Situational Questionnaire (GSQ)--43 items--and the Personality Assessment Survey (PAS)--66 items.

Abstract: A battery of questionnaire and interview instruments used to supplement direct traffic safety criteria (DUI recidivism and accident involvement) in evaluation of program effectiveness and changes in client profile measures to determine relationship and treatment outcome.

All scales constructed--life status, personality, and response bias--showed acceptable internal consistency reliabilities.

The LAI was designed to assess overt and potentially observable behavioral/life status activities. The GSQ was designed to assess behavioral change indicators of treatment effectiveness, and the PAS was designed to assess personality characteristics.

The study findings provided evidence that year-long group counseling programs can make a positive contribution to alcohol traffic safety by reducing the DUI recidivism of multiple-offense drunk drivers.

Related Published Reports: National Highway Traffic Safety Administration. A Description of Life Activities Inventory and Scoring Procedures, 1980 Annual Report. Volume VI. Final Report--CDUI Project, Alcoholism Division, County of Sacramento Health Department, Sacramento, CA 95814. DOT Publication No. HS-6-01414. Washington, D.C.: National Highway Traffic Safety Administration, Department of Transportation, 1981.

National Highway Traffic Safety Administration. The Traffic Safety Effectiveness of Educational Counseling Programs for Multiple Offense Drunk Drivers, Final Report, Comprehensive Driving Under the Influence of Alcohol Offender Treatment Demonstration Project; County of Sacramento Health Department, Sacramento, CA 95814. DOT Publication No. HS-6-01414. Washington, D.C.: National Highway Traffic Safety Administration, Department of Transportation, 1982.

Availability Source: National Highway Traffic Safety Administration, NTS-21, 401 Seventh Street, S.W., Washington, D.C. 20590. The instrument is in the public domain and may be reproduced without permission.

For Office Use Only

Project Client ID Number ______

☐☐☐☐☐☐ 1

Date of Administration ___/___/___

Month Day Year

☐☐☐☐☐☐ 13

Interviewer's Name ______

DUI PROBATION FOLLOW-UP PROJECT

LIFE ACTIVITIES QUESTIONNAIRE

**U.S. DEPARTMENT
OF TRANSPORTATION**

NATIONAL HIGHWAY TRAFFIC
SAFETY ADMINISTRATION

Completion of the Life Activities Inventory

The Highway Safety Act of 1966 (23 U.S.C. 403) authorizes the collection of this information in order to determine the relative and absolute program level effectiveness of alcohol rehabilitation programs in terms of arrest recidivism and/or production of positive life adjustments. While disclosure of this information is voluntary, failure to provide the information may result in elimination from participation in the DUI Probation Follow-Up Project study.

STOP. BEFORE YOU BEGIN, READ THESE INSTRUCTIONS

The first section of this booklet contains questions about your present life situation. Please check the answer or answers to each question that you feel are most correct. Do not leave an item without marking it. All information will be kept confidential. If you have no questions please begin. If you have questions please ask the interviewer now.

I. LIVING SITUATION

1. Check all persons with whom you are currently living.

☐☐☐☐☐☐☐

[ ] 1. Spouse
[ ] 2. Dependent children
[ ] 3. Adult son and/or daughter
[ ] 4. Parent[s]
[ ] 5. Relative[s]
[ ] 6. Friend[s]
[ ] 7. Live alone

2. Which of the following best describes your place of residence?

☐

[ ] 1. Own home
[ ] 2. Rented house or apartment
[ ] 3. Boarding or rooming house
[ ] 4. Nursing home
[ ] 5. No-cost shelter
[ ] 6. No residence
[ ] 7. Other

3. Enter the length of time you have lived at your present residence.

☐☐☐☐☐☐

Enter the actual numbers in the spaces provided.

____Years, ____Months, ____Weeks

4. How often have you changed your residence in the last six months?

☐

[ ] 1. Never
[ ] 2. Once
[ ] 3. More than once

5. How often do you typically change your residence?

☐ 29

[ ] 1. More than twice a year
[ ] 2. Once or twice a year
[ ] 3. Less than once a year

6. Have you recently been evicted from or asked to leave your place of residence?

☐

[ ] 1. Yes
[ ] 2. No

7. Have your living conditions changed in the past six months?

☐

[ ] 1. Worsened
[ ] 2. Stayed about the same
[ ] 3. Improved

8. Do you have your own telephone?

☐

[ ] 1. Yes
[ ] 2. No

9. Do you own or are you buying an automobile?

☐

[ ] 1. Yes
[ ] 2. No

10. How often do you typically change jobs?

☐

[ ] 1. More than twice a year
[ ] 2. Once or twice a year
[ ] 3. Less than once a year

11. How many jobs have you had in the past six months?

☐

[ ] 1. None
[ ] 2. One
[ ] 3. Two
[ ] 4. More than two

12. Does your circle of friends and acquaintances change from time to time?

☐ 36

[ ] 1. Almost never
[ ] 2. Sometimes
[ ] 3. Often
[ ] 4. Very often

go on to next page

II. EMPLOYMENT SITUATION

13. Check the one of the following which best describes you.

☐

[ ] 1. Retired, not working
[ ] 2. Retired, working part-time
[ ] 3. Housewife, unemployed outside home
[ ] 4. Housewife, employed part-time outside home
[ ] 5. Housewife, employed full-time outside home
[ ] 6. Student
[ ] 7. None of the above

14. How long have you been employed during the past six months?

☐

[ ] 1. All six months
[ ] 2. 3,4, or 5 months
[ ] 3. 1 or 2 months
[ ] 4. A few days or weeks but less than a month
[ ] 5. No jobs at all throughout this period

15. Enter your income last month from the following sources (if housewife, report family income).

Enter the actual numbers in the spaces provided.

_____ Earned income [before taxes]
_____ Unemployment compensation
_____ Pensions
_____ Welfare and/or related public assistance
_____ Alimony and/or child support
_____ Other [inheritance, dividends, etc.]

62

16. Enter the number of hours a week you spend in the following work activities?

Enter the actual numbers in the spaces provided.

_____ Housework or home maintenance
_____ Employment outside home
_____ Volunteer work

17. Is your financial situation changing?

☐

[ ] 1. Improving
[ ] 2. Not changing notably
[ ] 3. Worsening

If you are currently unemployed skip questions 18 to 22.

18. How do you feel about your present work situation?

☐

[ ] 1. Satisfied
[ ] 2. Usually satisfied, but sometimes think I would rather do something else
[ ] 3. Dissatisfied, looking for something else

19. Are you having any trouble with the people you work with [for]?

☐

[ ] 1. No serious problems
[ ] 2. Some notable problems
[ ] 3. Serious problems [e.g., recently fired]

20. Relative to your own standards, are there deficiencies in your work?

☐

72

[ ] 1. No serious deficiencies
[ ] 2. Some notable deficiencies
[ ] 3. Unable to do my work

go on to next page

21. Do you voluntarily do more on your job than is required? ☐

[ ] 1. Never or almost never
[ ] 2. Sometimes
[ ] 3. Often
[ ] 4. Very often

22. Are you devoting time outside of work to improve your work skills and/or employment situation? ☐

[ ] 1. No
[ ] 2. One to two hours a week
[ ] 3. Three to four hours a week
[ ] 4. More than four hours a week

23. Do you dread going to work? ☐

[ ] 1. Never or almost never
[ ] 2. Some days
[ ] 3. Most days
[ ] 4. Almost every day

III. HEALTH

24. How is your health? ☐

[ ] 1. Improved some lately
[ ] 2. Noticed no change
[ ] 3. Worsened some recently
[ ] 4. Recently had severe and/or disabling problems

25. How would you describe your health, relative to others your age? ☐

[ ] 1. Below average
[ ] 2. Average
[ ] 3. Above average

26. Have you been feeling tired or exhausted? ☐ 78

[ ] 1. Almost every day
[ ] 2. Most days
[ ] 3. Some days
[ ] 4. No or almost never

27. How are you sleeping at night? ☐

[ ] 1. Usually get a good night's sleep
[ ] 2. Have had some trouble sleeping
[ ] 3. Rarely get a good night's sleep

28. Have you been ill with colds, flu, etc.? ☐ 80

[ ] 1. No or almost never
[ ] 2. Occasionally
[ ] 3. Frequently

☐☐☐☐☐☐☐2

29. Do you currently have any physical problems related to the excessive use of alcohol? ☐

[ ] 1. None
[ ] 2. Some
[ ] 3. Many

30. Are you currently having any medical problems? ☐

[ ] 1. No
[ ] 2. Minor one[s]
[ ] 3. Major one[s]

31. Are you currently receiving medical assistance for health problems? ☐

[ ] 1. Yes
[ ] 2. No

32. Have you been hospitalized in the past six months for a physical illness or injury? ☐ 11

[ ] 1. One week or more
[ ] 2. Less than one week
[ ] 3. No

go on to next page

33. Check the health problems which currently apply to you:

[ ] 1. Skin problems
[ ] 2. Heart or cardiovascular problems
[ ] 3. Stomach or intestinal problems
[ ] 4. Lung or respiratory problems
[ ] 5. Eyes, ears, nose, or throat problems
[ ] 6. Unusual weight changes
[ ] 7. Pain or tingling in hands, feet, legs, etc.
[ ] 8. Headaches
[ ] 9. Liver problems

34. Check the complete, regular meal[s] that you eat most days:

[ ] 1. Breakfast
[ ] 2. Lunch
[ ] 3. Dinner

35. Do your eating habits provide a well-balanced intake of food each day [contain fruit, vegetables, meat, cereal, etc.]?

☐

[ ] 1. Eat very little or only one type of food on most days
[ ] 2. May get in a good day or two a week but rarely more
[ ] 3. Probably eat a well-balanced diet on most days

36. Are you currently using vitamin supplements [prescription or non-prescription]?

☐ 25

[ ] 1. Almost every day
[ ] 2. Sometimes
[ ] 3. Rarely or never

IV. ALCOHOL USE

37. Are you sober at this time?

☐

[ ] 1. Yes
[ ] 2. No

38. How long has it been since your last drink?

Enter the actual numbers in the spaces provided.

___Mos. ___Wks. ___Days

___Hrs.

39. What is the longest period that you have gone without alcohol in the past six months?

Enter the actual numbers in the spaces provided.

___Mos. ___Wks. ___Days

___Hrs.

40. Are you able to regulate the times at which you drink?

☐

[ ] 1. Never or almost never
[ ] 2. Sometimes
[ ] 3. Most times
[ ] 4. Always or almost always

41. When drinking, are you able to regulate or control the amount you drink?

☐ 44

[ ] 1. Always or almost always
[ ] 2. Most times
[ ] 3. Sometimes
[ ] 4. Never or almost never

go on to next page

42. How would you compare the frequency and amount of your present drinking to that of previous times?

☐

[ ] 1. Increased notably
[ ] 2. Increased some
[ ] 3. About the same
[ ] 4. Decreased some
[ ] 5. Decreased notably

43. Is drinking a problem for you at this time?

☐

[ ] 1. Very much so
[ ] 2. Moderately so
[ ] 3. Somewhat
[ ] 4. Not at all

44. Are you finding it difficult to live without alcohol?

☐

[ ] 1. Very much so
[ ] 2. Moderately so
[ ] 3. Somewhat
[ ] 4. Not at all

45. Does your present drinking interfere with fulfilling responsibilities to yourself or others?

☐

[ ] 1. Very much so
[ ] 2. Moderately so
[ ] 3. Somewhat
[ ] 4. Not at all

46. Have you been drunk in public in the past six months?

☐

[ ] 1. No
[ ] 2. Once or twice
[ ] 3. More than twice

47. In the past six months have you been treated or detained for public intoxication?

☐

[ ] 1. No
[ ] 2. Once
[ ] 3. More than once

48. Are you currently cited or summoned for a driving violation involving alcohol?

☐

[ ] 1. No
[ ] 2. For driving while intoxicated
[ ] 3. For driving under the influence of alcohol

49. Have you been convicted recently of an alcohol related driving offense?

☐

[ ] 1. No
[ ] 2. For driving while intoxicated
[ ] 3. For driving under the influence of alcohol

V. GENERAL INFORMATION

50. Have you any close friends?

☐

[ ] 1. No
[ ] 2. One or two
[ ] 3. Three or four
[ ] 4. More than four

51. Have you had any automobile accidents in the past six months?

☐

[ ] 1. No
[ ] 2. One
[ ] 3. More than one

52. How much of your free time do you spend alone?

☐
55

[ ] 1. 75-100%
[ ] 2. 50-75%
[ ] 3. 25-50%
[ ] 4. 0 -25%

go on to next page

If you are currently unemployed, skip question 53.

53. Does your work require you to meet people? ☐

[ ] 1. Almost never
[ ] 2. Sometimes
[ ] 3. Often
[ ] 4. Very often

54. Enter the number hours a week you typically spend in the following activities.

Enter the actual numbers in the spaces provided.

☐☐ ____Athletic activities [jogging, basketball, bowling, etc.]
☐☐ ____Other gamelike activities [cards, billiards, etc.]
☐☐ ____Reading, writing, painting, etc.
☐☐ ____Construction hobbies [sewing, model building, etc.]
☐☐ ____Watching television
☐☐ ____Attending live sports events
☐☐ ____Attending or giving parties

55. Have you been involved in any physical fights in the past six months? ☐

[ ] 1. No
[ ] 2. Yes, but was unreasonably provoked
[ ] 3. Yes, have been involved in one or more incident[s] which were probably my fault

56. Have you had recent trouble paying your bills? ☐ 72

[ ] 1. Have no current bills or always get them paid on time
[ ] 2. Sometimes late and/or very rarely skip a payment
[ ] 3. Several bills are past due but am trying to get caught up
[ ] 4. So far behind that I have stopped trying to pay my bills

57. Are you currently attending Alcoholics Anonymous? ☐

[ ] 1. No
[ ] 2. Occasionally
[ ] 3. Regularly

58. Are you getting along with others at this time? ☐

[ ] 1. No difficulties
[ ] 2. Some difficulties
[ ] 3. Many difficulties

59. Do you prefer not to get close to others? ☐

[ ] 1. True
[ ] 2. Probably true
[ ] 3. Probably false
[ ] 4. False

60. Are you close to members of your immediate family [parents, brothers' and sisters' families, etc.]? ☐

[ ] 1. Little or no contact
[ ] 2. Somewhat close
[ ] 3. Quite close

61. Do you attend church functions other than regular weekly services [choir, Bible classes, coffee hours, etc.]? ☐

[ ] 1. No
[ ] 2. Less than once a week
[ ] 3. Once a week or more

62. Have you been charged with any criminal offense in the past six months [do not include driving or drunkenness convictions]? ☐ 78

[ ] 1. No
[ ] 2. Yes, a misdemeanor or petty crime
[ ] 3. Yes, charged with a more serious crime, such as a felony

go on to next page

63. Do most of your friends drink?

☐

[ ] 1. True of few
[ ] 2. True of some
[ ] 3. True of many
[ ] 4. True of most

64. Do you participate in groups or clubs [such as bridge clubs, lodges, fraternities, tennis clubs, etc.]?

☐ 80

[ ] 1. Regularly
[ ] 2. Occasionally
[ ] 3. Rarely
☐☐☐☐☐☐☐3 [ ] 4. No

65. Have you physically injured anyone in the past six months [do not include driving accidents]?

☐

[ ] 1. No or not to my knowledge
[ ] 2. Quite unintentionally or under very unusual circumstances
[ ] 3. Have been involved in one or more incident[s]

66. How do you feel about your contacts with other people?

☐

[ ] 1. Wish I had more friends or saw my friends more frequently
[ ] 2. Content with my relationships with others
[ ] 3. Wish I had fewer friends or that my friends would contact me less often

67. Are your relationships with other people changing?

☐ 10

[ ] 1. Worsening
[ ] 2. Remaining about the same
[ ] 3. Improving

68. Have you attempted suicide in the past six months?

☐

[ ] 1. No
[ ] 2. Yes, but really hoped someone would find or stop me
[ ] 3. Yes, made a very serious attempt on my life

69. Do you get out and do things with other people such as attend movies or ball games?

☐

[ ] 1. Almost never
[ ] 2. Sometimes
[ ] 3. Often
[ ] 4. Very often

70. Have you pleaded or been found guilty in the past six months of driving violations which did not involve alcohol?

☐

[ ] 1. No
[ ] 2. A minor one
[ ] 3. A major one or several minor ones

Answer the following questions if you are married or living in a marital-type relationship.

VI. MARRIAGE

71. How does your present relationship with your spouse [marriage partner] compare to that of previous times?

☐ 14

[ ] 1. Noticeably better
[ ] 2. Somewhat better
[ ] 3. About the same
[ ] 4. Somewhat worse
[ ] 5. Noticeably worse

go on to next page

72. How are you getting along with your spouse?

☐

[ ] 1. Practically no serious disagreements

[ ] 2. Serious disagreements, but we usually "patch things up"

[ ] 3. Continuing serious disagreements, often unresolved

73. Is your spouse satisfied with you?

☐

[ ] 1. Seems to be generally satisfied with me

[ ] 2. Has some serious complaints

[ ] 3. Generally not satisfied with me

74. Do you and your spouse argue?

☐

[ ] 1. Never or almost never

[ ] 2. Sometimes

[ ] 3. Often

[ ] 4. Continuously or almost continuously

75. Does your spouse make fair demands of you?

☐

[ ] 1. Expects and/or demands too much

[ ] 2. Sometimes expects too much, but often fair

[ ] 3. Almost always expects only what is fair

76. Do you and your spouse reach agreement on important issues?

☐

[ ] 1. On all things

[ ] 2. On most things

[ ] 3. On some things

[ ] 4. On few things

[ ] 5. Never see eye-to-eye on important matters

77. Do you express your innermost thoughts and feelings to your spouse?

☐

[ ] 1. On all things

[ ] 2. On most things

[ ] 3. On some things

[ ] 4. On few things

[ ] 5. Never

78. Do you feel your spouse understands you?

☐

[ ] 1. I think I am quite puzzling to her/him

[ ] 2. Understands some important features

[ ] 3. Understands me quite well

79. Do you feel your spouse accepts you?

☐

[ ] 1. Accepts me the way I am

[ ] 2. Generally accepts me but wants important changes too

[ ] 3. Does not accept me the way I am

80. Does your spouse want to remain married to you?

☐

[ ] 1. Seems to want to end it

[ ] 2. Sometimes wants to end it, other times does not

[ ] 3. Does not want to end it

81. Does your spouse do the work you expect of a marriage partner?

☐

[ ] 1. Seldom does what is expected

[ ] 2. Does poorly in some things, okay in others

[ ] 3. Usually does what is expected

82. Would you like to terminate your marriage if you could do so in a reasonable manner?

☐
25

[ ] 1. Clearly prefer to end it

[ ] 2. Sometimes want to end it, other times do not

[ ] 3. Clearly prefer not to end it

NATIONAL ALCOHOL PROGRAM INFORMATION SYSTEM (NAPIS), ATC CLIENT INTAKE FORM

Author: National Institute on Alcohol Abuse and Alcoholism

Assessment Areas Covered: Demographics, SES, drinking history, alcohol consumption, family drinking history, alcohol problem indicators (dependence), behavioral aspects of drinking, treatment history, motor vehicle driving arrests, legal perception of drinking problem, treatment status, insurance, epidemiology

Administration: Administered to sober clients by treatment program staff on client's admission to the program

Design Features: 34 items; yes/no, multiple choice, and completion; coded data are available on tape (6250 BPI)

Abstract: NAPIS, a national system for monitoring NIAAA-funded alcoholism treatment facilities, was used from 1971 to 1976. Data for this period exist for Alcohol Treatment Centers and several smaller categorical programs. Client Intake Forms were completed for approximately 100,000 clients in treatment each year--somewhat less in the first years. The intake form was administered to all clients starting treatment. It assesses basic background information and drinking behavior. A slight modification of this form, preserving all questions about those behaviors subject to change, was administered in followup interviews at 30 days and at 6 months after intake. See also Stanford Research Institute, ATC Followup Questionnaire.

Related Published Reports: There are many published and unpublished reports on NAPIS. The following is a selection; additional reports were prepared by NIAAA.

National Institute on Alcohol Abuse and Alcoholism, Office of Program Development and Analysis. National Alcoholism Program Information System (NAPIS). Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1979.

National Institute on Alcohol Abuse and Alcoholism. National Alcoholism Program Information System (NAPIS) Documentation. Vol. I. Data Collection Forms and Procedures. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1971.

National Institute on Alcohol Abuse and Alcoholism. Program Analysis and Evaluation Branch Statistical Report. NIAAA Funded Treatment Programs: Calendar Year 1978. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off. 1979.

National Institute on Alcohol Abuse and Alcoholism, Program Analysis and Evaluation Branch. Statistical Report on NIAAA Funded Treatment Programs for Calendar Year 1979. Data From the National Alcoholism Programs Information System (NAPIS). Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1981.

National Institute on Alcohol Abuse and Alcoholism, Program Analysis and Evaluation Branch. Statistical Report on NIAAA Funded Treatment Programs for Calendar Year 1980. Data from the National Alcoholism Program Information System (NAPIS). Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1982.

Availability Source:	Director, Division of Biometry and Epidemiology, National Institute on Alcohol Abuse and Alcoholism, 5600 Fishers Lane, Rockville, Maryland 20857, telephone: (301) 443-3306. The instrument is in the public domain and may be reproduced without permission.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION
NATIONAL INSTITUTE OF MENTAL HEALTH
NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

CLIENT INTAKE FORM

FORM APPROVED
OMB NO. 68-R1313

Staff Member's Name

ATC Name

Length of Interview

Name *(Last)* *(First)* *(MI)*

Address: *Number & Street*

City *Zip Code* *County*

Phone

ATC Code 1 – 7

Client Code 8 – 13

Social Security Number 14 – 22

Census Tract, MCD, or CCD No. 23 Type Identification Number 30

County Code 31 – 33

Prof. Code 34

Time Code 36

---

1. Date of Intake 38 Month Day Year 43

2. Date Form Filled Out 44 Month Day Year 49

3. Birth Date 50 Month Day Year 55

---

4. Service Status ______ Code 56

5. Sex:
58
1☐ Male
2☐ Female

6. Client resides in ATC catchment area:
59
1☐ Yes
2☐ No

7. Marital Status

(a) What is client's present marital status?
60
1☐ Never married (GO ON TO 8a)
2☐ Married
3☐ Widowed
4☐ Divorced/Annulled
5☐ Separated

(b) If Separated:
For how many years and/or months? Years Months 61

(c) How many times has client been married? No. 65

(d) How old was client when he (first) married? Age 66

COMMENTS ______

MH-401-2
7-72

The information entered on these forms will be handled in the strictest confidence and no individual patient records containing information concerning the identity of the client will be released to unauthorized personnel.

CIF-1

CARD 2 (Repeat 1-13)

8. Residence Information

(a) How many residences (addresses) has client had during the past 5 years? Number ☐ 14

(b) How long has client lived in the state? Years ☐ Months ☐ 16 19

(c) How long has client lived in his present community or neighborhood? Years ☐ Months ☐ 20 23

Note to Interviewer: *Obtain the following residence information about client's permanent address.*

(d) How long has client lived at his present address? Years ☐ Months ☐ 24 27

(e) Does client own or rent his home?

1☐ Owns
28 2☐ Rents
3☐ Other ____________ (Specify)

(f) What type of residence does client live in?

1☐ Group quarters (e.g., rooming house, dormitory, mission) (GO ON TO 10a)
29 2☐ Apartment
3☐ House
4☐ Other ____________ (Specify)

9. Household Composition

(a) Does client live alone or with others?

30 1☐ Alone
2☐ With others

(b) What is the total number of persons living in client's household (including client)? Total ☐ 31

10. Religion

(a) What was client's religion of upbringing?

1☐ Protestant
2☐ Catholic
33 3☐ Jewish
4☐ None
5☐ Other ____________ (Specify)

(b) What religion does client presently practice?

1☐ Protestant
2☐ Catholic
34 3☐ Jewish
4☐ None
5☐ Other ____________ (Specify)

11. Military

(a) Is client now in military service?

1☐ No
35 2☐ Yes, active (GO ON TO c)
3☐ Yes, reserves

(b) Is client a veteran of military service?

36 1☐ No
2☐ Yes

(c) If YES: How many years of active duty? Years ☐ 37

12. Education

(a) What was the highest grade client completed in school?
(Check one)

1☐ No schooling (GO ON TO 13)
2☐ 1-4 grade
3☐ 5-6 grade
4☐ 7 grade
5☐ 8 grade
6☐ 9-11 grade
39-40 7☐ 12 grade
8☐ Vocational, Business, or Technical
9☐ 1 year College
10☐ 2 years College
11☐ 3 years College
12☐ 4 years College
13☐ Graduate School

(b) In what year did client complete this grade? Year 1 9 __ __ 41

13. What is client's principal occupational training?

(Please describe briefly: for example, civil engineer, college teacher, elementary school teacher, draftsman, office manager, bookkeeper, bulldozer operator, sheetmetal worker, and so on. If none, so state.)

____________ Occupation Code ☐ 43

14. What is client's current or most recent occupation?

(Please describe briefly as in the last question. If client is a housewife or student, so state.)

____________ Occupation Code ☐ 45

The information entered on these forms will be handled in the strictest confidence and no individual patient records containing information concerning the identity of the client will be released to unauthorized personnel.

MH-401-2
7-72

ATC Code ☐ Client Code ☐ Date ☐

CIF-2

BEST COPY AVAILABLE

15. Employment

(a) Does client have a job now?
1☐ No (GO ON TO c)
2☐ Yes, full time
47 3☐ Yes, part time
4☐ Yes, odd jobs

(b) **If YES:** Check type of job (GO ON TO e)
1☐ Private wage or salary worker
2☐ Federal government worker
48 3☐ State or local government worker
4☐ Self-employed

(c) **If NO:** Has client been looking for work during the past month?
1☐ Yes (GO ON TO e)
49 2☐ No

(d) **If NO:** What is the main reason client was not looking for work last month? (Check one)
1☐ Housewife
2☐ Student
3☐ Retired/too old
4☐ Permanently disabled
50 5☐ Drinking problem
6☐ Institutionalized
7☐ Doesn't want a job
8☐ No job available
9☐ Other ______________________
(Specify)

(e) How many jobs has client held during the past year? Number ☐☐ 51

(f) Approximately how many months was client employed during the past year? Months ☐☐ 53

(g) Approximately how many days did client work last month? Days ☐☐ 55

16. Financial Support

(a) What was client's major source of financial support last month? (Check one)
1☐ Job
2☐ Spouse
3☐ Family or friends
4☐ Public assistance (welfare)
5☐ Pension (include Social Security)
57 6☐ Insurance (include Workmen's Compensation, Unemployment Insurance)
7☐ Illegal
8☐ Savings/Investments
9☐ Other ______________________
(Specify)

(b) What was client's second most important source of financial support last month? (Check one)
1☐ Job
2☐ Spouse
3☐ Family or friends
4☐ Public assistance (welfare)
5☐ Pension (include Social Security)
59 6☐ Insurance (include Workmen's Compensation, Unemployment Insurance)
7☐ Illegal
8☐ Savings/Investments
9☐ Other ______________________
(Specify)

17. Income

(a) What was the gross income earned by client last month?
1☐ None
2☐ $85 or less
3☐ $86-$250
4☐ $251-$499
60 5☐ $500-$835
6☐ $836-$1,250
7☐ Over $1,250
8☐ Unwilling to state

(b) What was the shared gross income of the household in which client lived last month?
(Include income from all sources)
1☐ None
2☐ $250 or less
3☐ $251-$499
4☐ $500-$835
61 5☐ $836-$1,250
6☐ Over $1,250
7☐ Don't know
8☐ Unwilling to state

(c) What was the approximate shared gross income of the household in which client lived last year?
(Include income from all sources)
1☐ Less than $1,000
2☐ $1,000-$1,999
3☐ $2,000-$2,999
4☐ $3,000-$3,999
5☐ $4,000-$4,999
6☐ $5,000-$5,999
7☐ $6,000-$6,999
62-63 8☐ $7,000-$7,999
9☐ $8,000-$8,999
10☐ $9,000-$9,999
11☐ $10,000-$11,999
12☐ $12,000-$13,999
13☐ $14,000-$15,999
14☐ $16,000 or more
15☐ Don't know
16☐ Unwilling to state

The information entered on these forms will be handled in the strictest confidence and no individual patient records containing information concerning the identity of the client will be released to unauthorized personnel.

MH-401-2
7-72

ATC Code ☐☐☐☐☐☐☐ Client Code ☐☐☐☐☐☐ Date ☐☐☐☐☐☐ CIF-3

18. Drinking history

(a) At approximately what age did client first start drinking frequently or heavily? Age ☐ 64

(b) Approximately how many years has client been drinking frequently or heavily? Years ☐ 66

CARD 3(Repeat 1-13)

19. Family drinking

Determine which of the following persons were present when client was growing up, and whether anyone of them drank occasionally, frequently, or had a drinking problem.

	Not	Did anyone drink?			
	Present	No	Occ.	Freq.	Prob.
14 (a) Father	1☐	2☐	3☐	4☐	5☐
15 (b) Mother	1☐	2☐	3☐	4☐	5☐
16 (c) Brother and/or Sister	1☐	2☐	3☐	4☐	5☐
17 (d) Other persons	1☐	2☐	3☐	4☐	5☐

20. AA Meetings

(a) Has client attended AA meetings during recent weeks?

1☐ Regularly
18 2☐ Occasionally
3☐ No

(b) Has client ever attended AA meetings?

1☐ No (GO ON TO 21a)
19 2☐ Yes

(c) **If YES**: Over a period of how many years? Years ☐ 20

21. Previous alcoholism treatment

(a) Has client received treatment other than AA within the past 5 years?

1☐ No (GO ON TO 22)
2☐ Yes, from this ATC
22 3☐ Yes, from other agencies, programs
4☐ Yes, both from this ATC and other agencies

(b) **If YES**: Specify name of agency, length of treatment, and the date of termination or dropout of the 3 most recent.
(List this ATC first, if applicable.)

	Agency Code	Length of Treatment (Weeks)	Termination Date (Month Year)
(1) ______________	☐ 23	☐ 25	☐☐ 28 31
(2) ______________	☐ 32	☐ 34	☐☐ 37 40
(3) ______________	☐ 41	☐ 43	☐☐ 46 49

22. Household drinking

Determine which of the following persons are now living in client's household, and whether anyone of them drinks occasionally, frequently, or has a drinking problem. If client lives alone, check "Not Present" for all categories.

	Not	Does anyone drink?			
	Present	No	Occ.	Freq.	Prob.
50 (a) Spouse	1☐	2☐	3☐	4☐	5☐
51 (b) Children	1☐	2☐	3☐	4☐	5☐
52 (c) Father	1☐	2☐	3☐	4☐	5☐
53 (d) Mother	1☐	2☐	3☐	4☐	5☐
54 (e) Brother and/or Sister	1☐	2☐	3☐	4☐	5☐
55 (f) Other persons	1☐	2☐	3☐	4☐	5☐

(g) Are any of these persons currently undergoing alcoholism treatment? (Check one)

1☐ No
2☐ Yes, from this ATC
56 3☐ Yes, from other agencies, programs
4☐ Yes, both from this ATC and other agencies

23. Motor vehicle driving and arrests

(a) Does client drive a car, truck, or other motor vehicle?

57 1☐ No (GO ON TO 24)
2☐ Yes

(b) **If YES**: How many times has client been arrested for drinking and driving during the past year? Number ☐ 58

24. Other arrests

How many times has client been arrested for drinking, not related to driving, during the past year? Number ☐ 60

25. How many times has client been in jail for any reason?

Number ☐ 62

26. Hospitalization

(a) How many times has client been hospitalized during the past year? Number ☐ 64

(b) How many of these times were alcohol related? Number ☐ 66

27. How many days has client been institutionalized (e.g., in the hospital, in jail) during the past month?

Days ☐ 68

The information entered on these forms will be handled in the strictest confidence and no individual patient records containing information concerning the identity of the client will be released to unauthorized personnel.

MH-401-2
7-72

ATC Code ☐　Client Code ☐　Date ☐☐☐　CIF-4

BEST COPY AVAILABLE

CARD 4 (Repeat 1-13)

28. Drinking status

(a) How long has it been since client's last drink?

1☐ 1-6 days
2☐ 7-29 days
14 3☐ 1-5 months
4☐ 6-11 months
5☐ 1-2 years
6☐ Over 2 years

(b) What was client's longest "dry" period (abstinence) during the past 3 months?

1☐ None
2☐ 1-2 days
15 3☐ 3-6 days
4☐ 1-2 weeks
5☐ 3-4 weeks
6☐ 5-8 weeks
7☐ Over 2 months

(c) How many days did client drink during the past month? Days ☐☐ 16

(d) How many days was client's most recent drinking bout? Days ☐☐ 18

Note to Interviewer: *If the client has been institutionalized during the past month, obtain the information requested in questions 29-32 for the month before he was institutionalized.*

29. Drinking quantity and frequency—Beer

(a) Did client drink beer during the past month?

20 1☐ No (GO ON TO 30a)
2☐ Yes

(b) If YES: About how often did client drink any beer?

1☐ Constantly
2☐ Every day
21 3☐ Nearly every day
4☐ 3-4 days a week
5☐ 1-2 days a week
6☐ Weekends only
7☐ Less often than weekly

(c) About how much did client drink in a typical day?

Note to Interviewer: *1 quart = three 11 oz. bottles (cans) or four 8 oz. glasses.*

1☐ 6 quarts or more
2☐ 5 quarts
22 3☐ 4 quarts
4☐ 3 quarts
5☐ 1-2 quarts
6☐ 1-3 glasses

30. Drinking quantity and frequency—Wine

(a) Did client drink wine during the past month?

23 1☐ No (GO ON TO 31a)
2☐ Yes

(b) If YES: About how often did client drink any wine?

1☐ Constantly
2☐ Every day
24 3☐ Nearly every day
4☐ 3-4 days a week
5☐ 1-2 days a week
6☐ Weekends only
7☐ Less often than weekly

(c) About how much did client drink in a typical day?

Note to Interviewer: *1 fifth is a standard size bottle and is equal to about three 8 oz. water or six 4 oz. wine glasses. There are 5 fifths to a gallon or 2½ fifths to a half gallon.*

1☐ 5 fifths or more
2☐ 3-4 fifths
25 3☐ 2 fifths
4☐ 1 fifth
5☐ 2 or 3 water glasses or 4-5 wine glasses
6☐ 1 water glass or 1 or 2 wine glasses

31. Drinking quantity and frequency—Liquor

(a) Did client drink whiskey, gin, or other hard liquor during the past month?

26 1☐ No (GO ON TO 32a)
2☐ Yes

(b) If YES: About how often did client drink any hard liquor?

1☐ Constantly
2☐ Every day
3☐ Nearly every day
27 4☐ 3-4 days a week
5☐ 1-2 days a week
6☐ Weekends only
7☐ Less than weekly

(c) About how much did client drink in a typical day?

Note to Interviewer: *1 pint = 16 oz. or sixteen 1 oz. shots. There are 2 pints in 1 quart and a little over 1½ pints in a fifth.*

1☐ 4 pints or more
2☐ 3 pints
3☐ 2 pints
28 4☐ 1 pint
5☐ 11-14 shots
6☐ 7-10 shots
7☐ 4-6 shots
8☐ 1-3 shots

The information entered on these forms will be handled in the strictest confidence and no individual patient records containing information concerning the identity of the client will be released to unauthorized personnel.

MH-401-2
7-72

ATC Code ☐☐☐☐☐☐☐ Client Code ☐☐☐☐☐☐ Date ☐☐☐☐ CIF-5

BEST COPY AVAILABLE

32. Behavioral aspects of drinking

Note to Interviewer: Determine the following for client during past month.

29	(a) Number of times drunk	1☐ None	2☐ 1-4	3☐ 5-10	4☐ More than 10
30	(b) Longest period between drinks	1☐ 12 hours or more		2☐ Less than 12 hours	
31	(c) Longest period of continued drinking	1☐ Less than 6 hours		2☐ 6-12 hours	3☐ More than 12 hrs
32	(d) Number of days had drink upon awaking	1☐ None	2☐ 1-4	3☐ 5-10	4☐ More than 10
33	(e) Meals missed because of drinking	1☐ None	2☐ 1-4	3☐ 5-10	4☐ More than 10
34	(f) Percent of time drinking alone	1☐ 0-9%	2☐ 10-25%	3☐ 26-50%	4☐ More than 50%
35	(g) Number of memory lapses or "blackouts"	1☐ None	2☐ 1-2	3☐ 3-5	4☐ More than 5
36	(h) Number of times had the "shakes"	1☐ None	2☐ 1-2	3☐ 3-5	4☐ More than 5
37	(i) Number of nights had difficulty sleeping	1☐ None	2☐ 1-2	3☐ 3-5	5☐ More than 5
38	(j) Number of quarrels with others while drinking	1☐ None	2☐ 1-2	3☐ 3-5	4☐ More than 5
39	(k) Drinking while on job/during daily activities	1☐ No	2☐ Yes		
40	(l) Days of work missed/days of inactivity because of drinking	1☐ None	2☐ 1-2	3☐ 3-5	4☐ More than 5

33. Client self-perception

Note to Interviewer: *Question 33 is to determine client's perception of his own drinking problem. Do not give your opinion. Please read the questions exactly as they are worded below, do not reword them.*

(a) How would you, yourself, describe your drinking problem at the present time—would you say none, social drinking, problem drinking on sprees, or steady problem drinking?

1☐ None (no drinking at all)
2☐ Social drinking
41 3☐ Problem drinking on sprees
4☐ Steady problem drinking

(b) At the moment, how serious a problem do you feel your drinking is—is it no problem at all, a slight problem, a moderate problem, or a very serious problem?

1☐ No problem at all
2☐ A slight problem
42 3☐ A moderate problem
4☐ A very serious problem

(c) During the past month would you say that your drinking problem has improved, stayed about the same, or worsened?

1☐ Improved
43 2☐ Stayed about the same
3☐ Worsened

(d) What do you think you will be able to do in the next few months about your drinking? Do you intend to stop altogether, cut down, stay the same, or drink more?

1☐ Stop altogether
2☐ Cut down
44 3☐ Stay the same
4☐ Drink more

(e) Do you worry about any of these things?

45	(1) Getting and keeping a job you like?	1☐ Yes	2☐ No
46	(2) Finding friends that don't drink?	1☐ Yes	2☐ No
47	(3) Getting along with people?	1☐ Yes	2☐ No
48	(4) Getting along with your family?	1☐ Yes	2☐ No
49	(5) Finding a good place to live?	1☐ Yes	2☐ No
50	(6) Your health?	1☐ Yes	2☐ No
51	(7) Having enough money to live on?	1☐ Yes	2☐ No
52	(8) Finding things to do in your spare time?	1☐ Yes	2☐ No

Note to Interviewer: *Ask question (f) only if client has been in the program for at least 24 hours.*

(f) In general, how do you feel about the way you are being treated at this center—are you very satisfied, somewhat satisfied, somewhat dissatisfied, very dissatisfied, or just neutral?

1☐ Very satisfied
2☐ Somewhat satisfied
53 3☐ Somewhat dissatisfied
4☐ Very dissatisfied
5☐ Just neutral

34. Medical questions

(a) Was a medical examination given on intake (or at the time of initial contact)?

54 1☐ Yes 2☐ No

(b) Is client currently under medical care?

55 1☐ Yes 2☐ No

(c) If NO: Are treatment and medical management needed?

56 1☐ Yes 2☐ No

(d) If treatment and medical management are needed, was client referred for treatment?

57 1☐ Yes 2☐ No

The information entered on these forms will be handled in the strictest confidence and no individual patient records containing information concerning the identity of the client will be released to unauthorized personnel.

MH-401-2
7-72

ATC Code ☐☐☐☐☐☐ Client Code ☐☐☐☐☐ Date ☐☐☐ CIF-6

NATIONAL ALCOHOL PROGRAM INFORMATION SYSTEM (NAPIS), ATC CLIENT PROGRESS AND FOLLOWUP FORM

Author: National Institute on Alcohol Abuse and Alcoholism

Assessment Areas Covered: Demographics, alcohol consumption, family drinking history, alcohol problem indicators (dependence), behavioral aspects of drinking, perception of drinking problem, treatment history

Administration: Administered to clients by treatment program staff 6 months (180 days) after admission; at in-treatment and followup.

Design Features: 27 items--yes/no, multiple-choice, and completion; coded data are available on tape (6250 BPI); a unique client identifier code is used, which is not traceable to individuals from the data tapes.

Abstract: NAPIS, a national system for monitoring NIAAA-funded alcoholism treatment facilities, was used from 1971 to 1976. Data for this period exist for Alcohol Treatment Centers and several smaller categorical programs. Client Progress and Followup Forms were completed for approximately 20 percent of all clients who entered treatment 6 months previously. The followup group tended to oversample clients who remained in treatment. See also Stanford Research Institute, ATC Followup Questionnaire.

Related Published Reports: There are many published and unpublished reports on NAPIS. The following is a selection; additional reports were prepared by NIAAA.

National Institute on Alcohol Abuse and Alcoholism, Office of Program Development and Analysis. National Alcoholism Program Information System (NAPIS). Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1979.

National Institute on Alcohol Abuse and Alcoholism. National Alcoholism Program Information System (NAPIS) Documentation. Vol. 1. Data Collection Forms and Procedures. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1979.

National Institute on Alcohol Abuse and Alcoholism, Program Analysis and Evaluation Branch. Statistical Report on NIAAA Funded Treatment Programs for Calendar Year 1979. Data from the National Alcoholism Programs Information System (NAPIS). Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1981.

National Institute on Alcohol Abuse and Alcoholism, Program Analysis and Evaluation Branch. Statistical Report on NIAAA Funded Treatment Programs for Calendar Year 1980. Data from the National Alcoholism Program Information System (NAPIS). Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1982.

Availability Source: Director, Division of Biometry and Epidemiology, National Institute on Alcohol Abuse and Alcoholism, 5600 Fishers Lane, Rockville, Maryland 20857, telephone: (301) 443-3306. The instrument is in the public domain and may be reproduced without permission.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION
NATIONAL INSTITUTE OF MENTAL HEALTH
NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

CLIENT PROGRESS AND FOLLOWUP FORM

FORM APPROVED
OMB NO. 68-R1313

Staff Member's Name

ATC Name

Length of Interview

Name *(Last)* *(First)* *(MI)*

Address: *Number & Street*

City *Zip Code* *County*

Phone

ATC Code 1 7

Client Code 8 13

Social Security Number 14 22

Census Tract, MCD, or CCD No. 23 TYPE IDENTIFICATION NUMBER 30

County Code 31 33

Prof. Code 34

Time Code 36

1. Date form filled out
Month Day Year
38 43

2. Birth Date
Month Day Year
44 49

3. Report Type
50
1☐ 30 day
2☐ 90 day
3☐ 180 day
4☐ 1 year
5☐ Subsequent report

4. Service Status
51 Code

5. Report Information

(a) Is this a:
53
1☐ Progress Report
2☐ Followup Report

(b) How many times did the ATC attempt to contact client for this interview? 54
No. ☐

(c) Was the interview:
55
1☐ Not completed (GO ON TO e)
2☐ Completed
3☐ Partially completed

(d) If completed or partially completed:
Where was the interview conducted?
56
1☐ By telephone
2☐ At the ATC
3☐ At the client's home
4☐ Elsewhere ______________________ (Specify)

(e) If not completed:
Why was the report not completed?
57
1☐ Client refused interview
2☐ Client moved away
3☐ Client is inaccessible (e.g., in jail)
4☐ Client could not be located
5☐ Client deceased

COMMENTS ______________________

MH-401-4
7-72

The information entered on these forms will be handled in the strictest confidence and no individual patient records containing information concerning the identity of the client will be released to unauthorized personnel.

CPF-1

6. Present marital status

What is client's present marital status?

58
- 1☐ Never Married
- 2☐ Married
- 3☐ Widowed
- 4☐ Divorced/Annulled
- 5☐ Separated
- 6☐ Reunited with spouse

7. Residence Information

(a) Has client moved since the last report?

59
- 1☐ No
- 2☐ Yes

(b) How long has client lived at his present address?

Years	Months
60	63

(c) Does client own or rent his home?

64
- 1☐ Owns
- 2☐ Rents
- 3☐ Other ______________________ (Specify)

(d) What type of residence does client live in?

65
- 1☐ Group quarters (e.g., rooming house, dormitory, mission) (GO ON TO 9)
- 2☐ Apartment
- 3☐ House
- 4☐ Other ______________________ (Specify)

CARD 2 (Repeat 1-13)

8. Household Composition

(a) Does client live alone or with others?

14
- 1☐ Alone
- 2☐ With others

(b) What is the total number of persons living in client's household?

Total ☐ 15

9. What is client's current or most recent occupation?

(Please describe briefly: for example, civil engineer, college teacher, elementary school teacher, draftsman, office manager, bookkeeper, bulldozer operator, sheetmetal worker, and so on. If client is a housewife or student, so state.)

______________________ Occupation Code ☐ 17

10. Employment

(a) Does client have a job now?

19
- 1☐ No (GO ON TO c)
- 2☐ Yes, full time
- 3☐ Yes, part time
- 4☐ Yes, odd jobs

(b) If YES: Check type of job (GO ON TO e)

20
- 1☐ Private wage or salary worker
- 2☐ Federal government worker
- 3☐ State or local government worker
- 4☐ Self-employed

(c) If NO: Has client been looking for work during the past month?

21
- 1☐ Yes (GO ON TO e)
- 2☐ No

(d) If NO: What is the main reason client was not looking for work last month? (Check one)

22
- 1☐ Housewife
- 2☐ Student
- 3☐ Retired/too old
- 4☐ Permanently disabled
- 5☐ Drinking problem
- 6☐ Institutionalized
- 7☐ Doesn't want a job
- 8☐ No job available
- 9☐ Other ______________________ (Specify)

(e) Approximately how many days did client work last month?

Days ☐ 23

11. Financial Support

(a) What was client's major source of financial support last month? (Check one)

25
- 1☐ Job
- 2☐ Spouse
- 3☐ Family or friends
- 4☐ Public assistance (welfare)
- 5☐ Pension (include Social Security)
- 6☐ Insurance (include Workmen's Compensation, Unemployment Insurance)
- 7☐ Illegal
- 8☐ Savings/Investments
- 9☐ Other ______________________ (Specify)

(b) What was client's second most important source of financial support last month? (Check one)

27
- 1☐ Job
- 2☐ Spouse
- 3☐ Family or friends
- 4☐ Public assistance (welfare)
- 5☐ Pension (include Social Security)
- 6☐ Insurance (include Workmen's Compensation, Unemployment Insurance)
- 7☐ Illegal
- 8☐ Savings/Investments
- 9☐ Other ______________________ (Specify)

The information entered on these forms will be handled in the strictest confidence and no individual patient records containing information concerning the identity of the client will be released to unauthorized personnel.

MH-401-4
7-72

ATC Code ☐☐☐☐☐☐☐☐ Client Code ☐☐☐☐☐☐ Date ☐☐☐ CPF-2

BEST COPY AVAILABLE

12. Income

(a) What was the gross income earned by client last month?

1☐ None
2☐ $85 or less
3☐ $86-$250
28 4☐ $251-$499
5☐ $500-$835
6☐ $836-$1,250
7☐ Over $1,250
8☐ Unwilling to state

(b) What was the shared gross income of the household in which client lived last month? (Include income from all sources)

1☐ None
2☐ $250 or less
3☐ $251-$499
29 4☐ $500-$835
5☐ $836-$1,250
6☐ Over $1,250
7☐ Don't know
8☐ Unwilling to state

13. AA Meetings

Has client attended AA meetings during recent weeks?

30 1☐ Regularly 2☐ Occasionally 3☐ No

14. Other alcoholism treatment

(a) Is client presently receiving alcoholism treatment services, other than AA, at another agency?

31 1☐ No (GO ON TO 15a) 2☐ Yes

(b) **If YES:** Specify name of agency.

______________________________ Agency Code ☐ 32

15. Household drinking

Determine which of the following persons are now living in client's household, and whether anyone of them drinks occasionally, frequently, or has a drinking problem. If client lives alone, check "Not Present" for all categories.

	Not Present	Does anyone drink? No	Occ.	Freq.	Prob.
34 (a) Spouse	1☐	2☐	3☐	4☐	5☐
35 (b) Children	1☐	2☐	3☐	4☐	5☐
36 (c) Father	1☐	2☐	3☐	4☐	5☐
37 (d) Mother	1☐	2☐	3☐	4☐	5☐
38 (e) Brother and/or Sister	1☐	2☐	3☐	4☐	5☐
39 (f) Other persons,	1☐	2☐	3☐	4☐	5☐

(g) Are any of these persons currently undergoing alcoholism treatment? (Check one)

1☐ No
40 2☐ Yes, from this ATC
3☐ Yes, from other agencies, programs
4☐ Yes, both from this ATC and other agencies

16. Motor vehicle driving and arrests

(a) Does client drive a car, truck, or other motor vehicle?

41 1☐ No (GO ON TO 17)
2☐ Yes

(b) **If YES:** How many times has client been arrested for drinking and driving since the last report? Number ☐ 42

17. Other arrests

How many times has client been arrested for drinking, not related to driving, since the last report? Number ☐ 44

18. How many times has client been in jail for any reason since the last report?

Number ☐ 46

19. Hospitalization

(a) How many times has client been hospitalized since the last report? Number ☐ 48

(b) How many of these times were alcohol related? Number ☐ 50

20. How many days has client been institutionalized (e.g., in the hospital, in jail) during the past month?

Days ☐ 52

21. Drinking status

(a) How long has it been since client's last drink?

1☐ 1-6 days
2☐ 1-2 weeks
3☐ 3-4 weeks
54 4☐ 5-8 weeks
5☐ 9-12 weeks
6☐ 3-4 months
7☐ 4-6 months
8☐ Over 6 months

(b) What was client's longest "dry" period (abstinence) since the last report?

1☐ None
2☐ 1-2 days
3☐ 3-6 days
4☐ 1-2 weeks
55-56 5☐ 3-4 weeks
6☐ 5-8 weeks
7☐ 9-12 weeks
8☐ 3-4 months
9☐ 4-6 months
10☐ Over 6 months

(c) Has client been drinking since the last report?

57 1☐ No 2☐ Yes

(d) How many days did client drink during the past month? Days ☐ 58

(e) How many days was client's most recent drinking bout since the last report? Days ☐ 60

The information entered on these forms will be handled in the strictest confidence and no individual patient records containing information concerning the identity of the client will be released to unauthorized personnel.

MH-401-4
7-72

ATC Code ☐ Client Code ☐ Date ☐ CPF-3

22. Drinking quantity and frequency—Beer

(a) Did client drink beer during the past month?

62 1☐No (GO ON TO 23a)
2☐Yes

(b) If YES: About how often did client drink any beer?

1☐Constantly
2☐Every day
3☐Nearly every day
63 4☐3-4 days a week
5☐1-2 days a week
6☐ Weekends only
7☐Less often than weekly

(c) About how much did client drink in a typical day?

Note to Interviewer: *1 quart = three 11 oz. bottles (cans) or four 8 oz. glasses.*

1☐6 quarts or more
2☐5 quarts
64 3☐4 quarts
4☐3 quarts
5☐1-2 quarts
6☐1-3 glasses

23. Drinking quantity and frequency—Wine

(a) Did client drink wine during the past month?

65 1☐No (GO ON TO 24a)
2☐Yes

(b) If YES: About how often did client drink any wine?

1☐Constantly
2☐Every day
3☐Nearly every day
66 4☐3-4 days a week
5☐1-2 days a week
6☐Weekends only
7☐Less often than weekly

23. Wine (continued)

(c) About how much did client drink in a typical day?

Note to Interviewer: *1 fifth is a standard size bottle and is equal to about three 8 oz. water glasses or six 4 oz. wine glasses. There are 5 fifths to a gallon or 2½ fifths to a half gallon.*

1☐5 fifths or more
2☐3-4 fifths
3☐2 fifths
67 4☐1 fifth
5☐2 or 3 (water) glasses or
4-6 wine glasses
6☐1 water glass or
1 or 2 wine glasses

24. Drinking quantity and frequency—Liquor

(a) Did client drink whiskey, gin, or other hard liquor during the past month?

68 1☐No (GO ON TO 25a)
2☐Yes

(b) If YES: About how often did client drink any hard liquor?

1☐Constantly
2☐Every day
3☐Nearly every day
69 4☐3-4 days a week
5☐1-2 days a week
6☐Weekends only
7☐Less than weekly

(c) About how much did client drink in a typical day?

Note to Interviewer: *1 pint = 16 oz. or sixteen 1 oz. shots. There are 2 pints in 1 quart and a little over 1½ pints in a fifth.*

1☐4 pints or more
2☐3 pints
3☐2 pints
4☐1 pints
70 5☐11-14 shots
6☐7-10 shots
7☐4-6 shots
8☐1-3 shots

The information entered on these forms will be handled in the strictest confidence and no individual patient records containing information concerning the identity of the client will be released to unauthorized personnel.

MH-401-4
7-72

ATC Code ☐☐☐☐☐☐☐☐ Client Code ☐☐☐☐☐☐☐ Date ☐☐☐☐☐☐ CPF-4

CARD 3 (Repeat 1-13)

25. Behavioral aspects of drinking

Note to Interviewer: *Determine the following for client during past month.*

14	(a) Number of times drunk	1☐ None	2☐ 1-4	3☐ 5-10	4☐ More than 10
15	(b) Longest period between drinks	1☐ 12 hours or more		2☐ Less than 12 hours	
16	(c) Longest period of continued drinking	1☐ Less than 6 hours		2☐ 6-12 hrs	3☐ More than 12 hrs
17	(d) Number of days had drink upon awaking	1☐ None	2☐ 1-4	3☐ 5-10	4☐ More than 10
18	(e) Meals missed because of drinking	1☐ None	2☐ 1-4	3☐ 5-10	4☐ More than 10
19	(f) Percent of time drinking alone	1☐ 0-9%	2☐ 10-25%	3☐ 26-50%	4☐ More than 50%
20	(g) Number of memory lapses or "blackouts"	1☐ None	2☐ 1-2	3☐ 3-5	4☐ More than 5
21	(h) Number of times had the "shakes"	1☐ None	2☐ 1-2	3☐ 3-5	4☐ More than 5
22	(i) Number of nights had difficulty sleeping	1☐ None	2☐ 1-2	3☐ 3-5	4☐ More than 5
23	(j) Number of quarrels with others while drinking	1☐ None	2☐ 1-2	3☐ 3-5	4☐ More than 5
24	(k) Drinking while on job/during daily activities	1☐ No	2☐ Yes		
25	(l) Days of work missed/days of inactivity because of drinking	1☐ None	2☐ 1-2	3☐ 3-5	4☐ More than 5

26. Client self-perception

Note to Interviewer: *Question 26 is to determine the client's perception of his own drinking problem. Do not give your opinion. Please read the questions exactly as they are worded below, do not reword them.*

(a) How would you, yourself, describe your drinking problem at the present time—would you say none, social drinking, problem drinking on sprees, or steady problem drinking?

26
1☐ None (no drinking at all)
2☐ Social drinking
3☐ Problem drinking on sprees
4☐ Steady problem drinking

(b) At the moment, how serious a problem do you feel your drinking is—is it no problem at all, a slight problem, a moderate problem, or a very serious problem?

27
1☐ No problem at all
2☐ A slight problem
3☐ A moderate problem
4☐ A very serious problem

(c) During the past month would you say that your drinking problem has improved, stayed about the same, or worsened?

28
1☐ Improved
2☐ Stayed about the same
3☐ Worsened

(d) What do you think you will be able to do in the next few months about your drinking? Do you intend to stop altogether, cut down, stay the same, or drink more?

29
1☐ Stop altogether
2☐ Cut down
3☐ Stay the same
4☐ Drink more

(e) Do you worry about any of these things?

30	(1) Getting and keeping a job you like?	1☐ Yes	2☐ No
31	(2) Finding friends that don't drink?	1☐ Yes	2☐ No
32	(3) Getting along with people?	1☐ Yes	2☐ No
33	(4) Getting along with your family?	1☐ Yes	2☐ No
34	(5) Finding a good place to live?	1☐ Yes	2☐ No
35	(6) Your health?	1☐ Yes	2☐ No
36	(7) Having enough money to live on?	1☐ Yes	2☐ No
37	(8) Finding things to do in your spare time?	1☐ Yes	2☐ No

(f) In general, how do you feel about the way you are being treated at this center—are you very satisfied, somewhat satisfied, somewhat dissatisfied, very dissatisfied, or just neutral?

38
1☐ Very satisfied
2☐ Somewhat satisfied
3☐ Somewhat dissatisfied
4☐ Very dissatisfied
5☐ Just neutral

(g) Do you feel that this center's program has helped you greatly, somewhat, a little, not at all, or are you unsure?

39
1☐ Greatly
2☐ Somewhat
3☐ A little
4☐ Not at all
5☐ Unsure

27. Medical questions

(a) Was a medical examination given since the last report?

40 1☐ Yes 2☐ No

(b) Is client currently under medical care?

41 1☐ Yes 2☐ No

(c) IF NO: Are treatment and medical management needed?

42 1☐ Yes 2☐ No

(d) If treatment and medical management are needed, was client referred for treatment?

43 1☐ Yes 2☐ No

The information entered on these forms will be handled in the strictest confidence and no individual patient records containing information concerning the identity of the client will be released to unauthorized personnel.

MH-401-4
7-72

ATC Code ☐☐☐☐☐☐☐

Client Code ☐☐☐☐☐☐

Date ☐☐☐

CPF-5

BEST COPY AVAILABLE

HEALTH STATUS OF SUCCESSFULLY TREATED ALCOHOLICS PRE-TREATMENT CHART SCHEDULE AND FOLLOW-UP INTERVIEW SCHEDULE

Authors: E.M. Pattison, R. Coe, R.J. Rhodes, H.O. Doerr, E.B. Headley, G.C. Gleser, and L.A. Gottschalk

Assessment Areas Covered: Alcohol consumption, behavioral aspects of drinking, emotional status, interpersonal relations, demographics, employment

Administration: Interviewer-administered; interviewer must judge responses and select best item choice response; at screening, intake, and followup.

Design Features: 5 scales, built from 5 point, anchored Likert items

Abstract: Using a modification of an alcoholism followup schedule developed and standardized by Gerard et al. (1962), scales were constructed to assess physical health (PH), interpersonal health (IH), and vocational health (VH). The sum of subscale scores yields a total score in each of these areas for purposes of statistical analysis. Mental health (MH) is assessed using the total score on the Spitzer Mental Status Schedule (Spitzer et al. 1964). A drinking scale score (DSS) was devised to reflect drinking quantity, behavior, and sequelae. All the scales are ordinal with the scores increasing with pathology. The ranges for the health scales are PH (0-6), IH (0-16), VH (0-12), and MH (0-248). The DSS range is 0-15, with zero indicating abstinence, 1-6 normal drinking, and 7-15 pathological drinking. As this is an ordinal scale, score ranges represent categories more than gradations. Thus a normal drinking score (1-6) could only be achieved by a person whose drinking is less than once a week, without experiencing compulsivity to continue drinking, and without psychological, physical, or social sequelae to his or her drinking.

Two independent judges review each admission record and rate each patient for health (PH, IH, VH) and alcoholism (DSS) prior to treatment. Reconciliation of scoring is made by joint review.

Each ex-patient is interviewed in his own home by a psychiatrist expert in the field of alcoholism, without recourse to the initial records. The interview begins with the Spitzer Mental Status Schedule administered according to the prescribed routine. (Interviewer reliability was checked against eight standardized protocols, standard error of measurement = .76, reliability coefficient = .70). The rest of the interview is unstructured, but specific data are elicited for the scales PH, IH, VH, DSS, as are data on age, education, marital status, the use of other treatment resources, medications, attendance at Alcoholics Anonymous, and the motivation for drinking and abstinence. Finally the interviewer and the ex-patient each rate the current drinking status on a categorical scale.

In the nearly 20 years since the development of these schedules, the authors have found that the correlation between drinking behavior and the other four measures of life adjustment is low; alcoholics pretreatment demonstrate differential areas of impairment in all five areas measured; and alcoholics posttreatment do not demonstrate uniform improvement, but demonstrate differential improvement in different areas of assessment.

Related Published Reports:

Pattison, E.M.; Headley, E.B.; Gleser, G.C.; and Gottschalk, L.A. Abstinence and normal drinking: An assessment of changes in drinking patterns in alcoholics after treatment. Quarterly Journal of Studies on Alcohol, 29:610-633, 1968.

Pattison, E.M.; Coe, R.; and Rhodes, R.J. Evaluation of alcoholism treatment: A comparison of three facilities. Archives of General Psychiatry, 20:478-488, 1969.

Pattison, E.M.; Coe, R.; and Doerr, H.O. Population variation among alcoholism treatment facilities. The International Journal of the Addictions, 8:199-229, 1973.

Gerard, D.L.; Saenger, G.; and Wile, R. The abstinent alcoholic. Archives of General Psychiatry, 6:83-95, 1962.

Spitzer, R.L.; Fleiss, J.L.; Burdock, E.I.; and Hardesty, A.S. The Mental Status Schedule: Rationale, reliability and validity. Comprehensive Psychiatry, 5:384-395, 1964.

Availability Source: E. Mansell Pattison, M.D., Professor and Chairman, Department of Psychiatry and Health Behavior, Medical College of Georgia, Augusta, Georgia 30912

"HEALTH STATUS OF SUCCESSFULLY TREATED ALCOHOLICS"

Pre-Treatment Chart Schedule

(Card B)

Name:
Address:
Phone:

Chart #:
Date Discharged:
Date Interviewed:

1,2. ( ) ( ) Study Number

3. Race

   a. ( ) White
   b. ( ) Negro
   c. ( ) Other

4. Marital Status

   a. ( ) Single
   b. ( ) Married
   c. ( ) Divorced
   d. ( ) Separated
   e. ( ) Widowed
   f. ( ) common-law

5,6. ( ) ( ) Age

7,8. ( ) ( ) Education (years)

9,10. ( ) ( ) Interval since discharge (months)

11,12. ( ) ( ) Number of Interviews (over 100=99)

---

13. ( ) Vocational Scaled Score at Intake.

14. ( ) Vocational Scaled Score at Follow-up.

15,16. ( ) ( ) Health Scaled Score at Intake.

17,18. ( ) ( ) Health Scaled Score at Follow-up.

19,20. ( ) ( ) Interpersonal Scaled Score at Intake.

21,22. ( ) ( ) Interpersonal Scaled Score at Follow-up.

23,24. ( ) ( ) Drinking Scaled Score at Intake.

25,26. ( ) ( ) Drinking Scaled Score at Follow-up.

27. Attitude toward Alcoholism Clinic at Intake:

a. ( ) Wanted very much to be helped.
b. ( ) Had some desire to be helped by Clinic.
c. ( ) Expressed some disinclination to be helped.
d. ( ) Protested attendance, accepted help only under duress.

80. a. ( ) Card number
b. ( ) (this is card B.)

VOCATIONAL SCALED SCORE

Before	After		
		15.	Job Attendance:
0	0	a. ( )	Rarely misses work.
1	1	b. ( )	Occasionally is absent from work.
2	2	c. ( )	Frequently is absent from work.
		16.	Inter-Personal Job Relations:
0	0	a. ( )	Rarely has any personal difficulties with people on the job.
1	1	b. ( )	Ocasionally has personal difficulties with people on the job.
2	2	c. ( )	Frequently has personal difficulties with people on the job.
		17.	Job Performance:
0	0	a. ( )	Rarely has any diffculty carrying out his work.
1	1	b. ( )	Ocasionally has difficulty carrying out his work.
2	2	c. ( )	Frequently has difficulty carrying out his work.

TOTAL

( )	( )	Vocation (0-6 Scale)

HEALTH SCALED SCORE

Before	After		
		19.	Patient's description of present health status:
0	0	a. ( )	Describes his health as unconditionally good.
1	1	b. ( )	Health is good, with certain conditional comments.
2	2	c. ( )	Health is fair; manages to get along despite what he regards as or what are illnesses.
3	3	d. ( )	Health is poor; his life is hampered by what are or what he regards as illnesses.
		20.	Status of medical treatment since treatment: (not explicitly alcoholism)
0	0	a. ( )	Has not required any in-or-out patient medical treatment for any illness in the past year (minor bruises, colds, cuts).
1	1	b. ( )	Patient felt treatment was required, but was unable to obtain needed treatment. Why?
2	2	c. ( )	Has has either inpatient or outpatient treatment.

Before	After	
		21. Non-specific Complaints:
0	0	a. ( ) None reported.
1	1	b. ( ) Present, but no cause for concern.
2	2	c. ( ) Present, and felt to be of concern.

( ) anxiety, tenseness, nervousness
( ) digestive difficulties
( ) sleeping difficulties
( ) disorders of appetite
( ) headaches
( ) other

		22. Specific Illness:
0	0	a. ( ) None reported.
1	1	b. ( ) Believed present, but without medical substantiation.
2	2	c. ( ) Present and medically substantiated.

( ) Ulcers of the stomach
( ) intestinal fisorders, bowel trouble
( ) cardio vascular disease
( ) respiratory disease, e.g. tuberculosis, emphysema
( ) diabetes
( ) liver disease
( ) other ____________________

		23. Relationship of health to occupational performance
0	0	a. ( ) Reports no occupational limitations.
1	1	b. ( ) Works regularly but his health interferes with his performance on the job.
2	2	c. ( ) Health seriously interferes, and he cannot work regularly.
3	3	d. ( ) Is too ill to work at all.

TOTAL

( ) ( ) Health (0-12 Scale)

INTER-PERSONAL SCALED SCORE

Before	After	
		25. Relations with children, parents siblings: (nor spouse).
-	-	a. ( ) Not applicable, family dead or living distant.
0	0	b. ( ) Completely friendly, generally accepted by all or most.
1	1	c. ( ) Usually friendly, minor conflicts.
2	2	d. ( ) Mixed or indifferent feelings.
3	3	e. ( ) By and large alienated from family
4	4	f. ( ) Family has disowned respondent or vice versa, mutual rejection.

Before	After		
		26.	Relationship with spouse:
-	-		a. ( ) Not applicable.
0	0		b. ( ) Friendly, warm, affectionate, mutual acceptance, good integration.
1	1		c. ( ) Usually friendly, minor conflicts.
2	2		d. ( ) Mixed, uncertain, vacilating relationship.
3	3		e. ( ) Usually poor relations, mutual incriminations, hostility.
4	4		f. ( ) Complete alienation, divorce, desertion.
		27.	Assumption of financial support for self and/or family:
0	0		a. ( ) Assumes full responsibility for support.
1	1		b. ( ) Assumes major responsibility, but requires other help.
2	2		c. ( ) Assumes half responsibility, others assume the other half.
3	3		d. ( ) Assumes little responsibility, others must take over.
4	4		e. ( ) Assumes no responsibility.
		29.	Pattern of Social Life:
0	0		a. ( ) Regular sustained contact with friends and relatives, mutual.
1	1		b. ( ) Visiting, member of organized social groups.
2	2		c. ( ) Mixed-frequent casual contacts or occasional close contacts.
3	3		d. ( ) Some casual contacts, sporadic.
4	4		e. ( ) Isolated, solitary activities only.
TOTAL ( )	( )		Inter-Personal (0-16 Scale)

DRINKING STATUS SCALED SCORE

Before	After		
		37.	Usual frequency pattern of drinking:
0	0		a. ( ) Self-voluntarily, hasn't taken a drink for at least a year.
1	1		b. ( ) Self-voluntary, hasn't taken a drink in the past 6 months, but within a year.
2	2		c. ( ) Drinks only on specific occasions.
3	3		d. ( ) Drinks about once a week or less.
4	4		e. ( ) Drinks more than once a week, but not daily.
5	5		f. ( ) Drinks daily.
		38.	Usual intensity of drinking:
0	0		a. ( ) Usually stops short of intoxication.
1	1		b. ( ) Usually stops drinking when intoxicated.
2	2		c. ( ) Drinks beyond intoxication into a day or more of binge-type drinking.

Before	After	
		40. Usual compulsivity for drinking:
0	0	a. ( ) Limits drinking at will, no compulsivity experienced.
1	1	b. ( ) Feels a compulsion to continue, although he can still limit his drinking,
2	2	c. ( ) Has compulsive episodes of drinking to intoxication, although not binges. Frequency____________________
3	3	d. ( ) Has compulsive episodes of binge drinking lasting more than a day. Frequency____________________
		41. Social pattern of drinking
0	0	a. ( ) Drinks only in social situations.
1	1	b. ( ) Drinks only alone or socially isolated.
2	2	c. ( ) Drinks alone and socially.

43. CNS Sequelae of drinking: (in past 6 months)
a. ( ) None.
b. ( ) One or more.

( ) Has had black out spells after drinking.
( ) Has had memory lapses after drinking.
( ) Has had tremors and shakes after drinking.
( ) Has had delirium tremens.

44. Physical Sequelae of drinking: (in past 6 months)
a. ( ) None
b. ( ) One or more.

( ) Has recurrent nausea and vomiting after drinking.
( ) Has recurrent diarrhea after drink-
( ) Has developed neuritis.
( ) Has developed cirrhotic symptoms.
( ) Has had poor visual-motor coordination.

45. a. ( ) yes Has had psycho-social sequelae of
b. ( ) no drinking (in the past 6 mos.) (46 - 54)

46. a. ( ) yes Has had episodes of depression.
b. ( ) no

47. a. ( ) yes Has had suicidal tendencies or made
b. ( ) no suicidal attempts.

48. a. ( ) yes Has been involved in overt -
b. ( ) no physical aggression when drinking.

49. a. ( ) yes Has used narcotics or other drugs
b. ( ) no in connection with drinking.

50. a. ( ) yes Has had motor vehicle accidents
b. ( ) no related to drinking.

51. a. ( ) yes Has been hospitalized for alcoholism.
b. ( ) no

52. a. ( ) yes Has been arrested or jailed in
b. ( ) no relation to drinking.

53. a. ( ) yes Has been placed on probation in
b. ( ) no relation to drinking.

54. a. ( ) yes Has sustained physical injury as a
b. ( ) no result of drinking.

SUMMARY OF DRINKING SEQUELAE
(CNS, Physical, Psycho-social)

SCALE

Before	After		
0	0	a. ( )	No sequelae reported.
1	1	b. ( )	Sequelae in only one category.
2	2	c. ( )	Sequelae in two categories.
3	3	d. ( )	Sequelae in three categories.

TOTAL
( ) ( ) DRINKING (0-16 Scale)

"HEALTH STATUS OF SUCCESSFULLY TREATED ALCOHOLICS"

Follow Up Interview Schedule

(Card A)

Name:
Address:
Phone:

Chart #:
Date Discharged:
Date Interviewed:

1,2. ( ) ( ) Study Number

3. Race

   a. ( ) White
   b. ( ) Negro
   c. ( ) Other

4. Marital Status

   a. ( ) Single
   b. ( ) Married
   c. ( ) Divorced
   d. ( ) Separated
   e. ( ) Widowed
   f. ( ) Common-law

5,6. ( ) ( ) Age

7,8. ( ) ( ) Education (years)

9,10. ( ) ( ) Interval since discharge (months)

11,12. ( ) ( ) Number of Interviews (over 99=99)

---

13. Employment Status:

   a. ( ) permanent job
   b. ( ) part-time job
   c. ( ) temporary job
   d. ( ) unemployed

14. Type of work:

   a. ( ) own business, managerial, professional
   b. ( ) small business, white collar, clerical, sales
   c. ( ) skilled labor, service occupations
   d. ( ) unskilled labor

15. Job Attendance:

a. ( ) Rarely misses work.
b. ( ) Occastionally is absent from work.
c. ( ) Frequently is absent from work.

16. Inter-Personal Job Relations:

a. ( ) Rarely has any personal difficulties with people on the job.
b. ( ) Occastionally has personal difficulties with people on the job.
c. ( ) Frequently has personal difficulties with people on the job.

17. Job Performance:

a. ( ) Rarely has any difficulty carrying out his work
b. ( ) Occasionally has difficulity carrying out his work
c. ( ) Frequently has difficulty carrying out his work

18. Patient's Report on Change in Job Status:

a. ( ) Feels vocational situation is better than before treatment.
b. ( ) Feels vocational situation is about the same as before treatment.
c. ( ) Feels vocational situation is worse than before treatment.

HEALTH STATUS

19. Patient's description of present health status since treatment:

a. ( ) Describes his health as unconditionally good.
b. ( ) Health is good, with certain conditional comments.
c. ( ) Health is fair; manages to get along despite what he regards as or what are illnesses.
d. ( ) Health is poor; his life is hampered by what are or what he regards as illnesses.

20. Status of medical treatment since treatment: (not explicitly alcoholism)

a. ( ) Has not required any in-or-out patient medical treatment for any illness in the past year (minor bruises, colds, cuts)
b. ( ) Patient felt treatment was required, but was unable to obtain needed treatment. Why?______________________________.
c. ( ) Has had either inpatient or outpatient treatment.

21. Non-specific Complaints

a. ( ) None reported.
b. ( ) Present, but no cause for concern.
c. ( ) Present, and felt to be of concern.

( ) anxiety, tenseness, nervousness.
( ) digestive difficulties
( ) sleeping difficulties
( ) disorders of appetite
( ) headaches
( ) other

22. Specific Illness:

a. ( ) None reported.
b. ( ) Believed present, but without medical substantiation.
c. ( ) Present and medically substantiated.

( ) ulcers of the stomach
( ) intestinal disorders, bowel trouble
( ) cardio vascular disease
( ) respiratory disease, e.g., tuberculosis, emphysema
( ) diabetes
( ) liver disease
( ) other

23. Relationship of health to occupational performance:

a. ( ) Reports no occupational limitations.
b. ( ) Works regularly but his health interferes with his performance on the job.
c. ( ) Health seriously interferes, and he cannot work regularly.
d. ( ) Is too ill to work at all.

24. Patient's report on change of health:

a. ( ) Feels his health has improved since treatment.
b. ( ) Feels there has been no change in his health since treatment.
c. ( ) Feels his health has become worse since treatment.

INTER-PERSONAL RELATIONS STATUS

25. Relations with children, parents, siblings: (not spouse).

a. ( ) Not applicable, family dead or living distant.
b. ( ) Completely friendly, generally accepted by all or most.
c. ( ) Usually friendly, minor conflicts.
d. ( ) Mixed or indifferent feelings.
e. ( ) By and large alienated from family.
f. ( ) Family has disowned respondent or vice versa, mutual rejection.

26. Relationship with spouse:

a. ( ) Not applicable.
b. ( ) Friendly, warm, affectionate, mutual acceptance, good integration.
c. ( ) Usually friendly, minor conflicts.
d. ( ) Mixed, uncertain, vacillating relationship.
e. ( ) Usually poor relations, mutual incriminations, hostility.
f. ( ) Complete alienation, divorce, desertion.

27. Assumption of financial support for self and/or family:

a. ( ) Assumes full responsibility for support.
b. ( ) Assumes major responsibility, but requires other help.
c. ( ) Assumes half responsibility, others assume the other half.
d. ( ) Assumes little responsibility, others must take over.
e. ( ) Assumes no responsibility.

28. Living arrangements:

a. ( ) Resides in family unit (parents, spouse, sibs, children).
b. ( ) Lives with friends or distant relatives.
c. ( ) Lives alone (own place, apt., rooming club).
d. ( ) Institutional arrangement.
e. ( ) Transient.

29. Pattern of Social Life:

a. ( ) Regular sustained contact with friends and relatives, mutual.
b. ( ) Visiting, member of organized social groups.
c. ( ) Mixed-frequent casual contacts or occasional close contacts.
d. ( ) Some casual contacts, sporadic.
e. ( ) Isolated, solitary activities only.

30. Patient's Report on Change in Inter-personal Relations.

a. ( ) Feels his interpersonal relations have imporved since treatment
b. ( ) Feels there has been no change in his interpersonal relations since treatment.
c. ( ) Feels his interpersonal relations have become worse since treatment.

DRINKING STATUS SINCE TREATMENT
(as characterized by the past 6 months)

31,32. ( ) ( ) Has been purposefully abstinent how many months? (if currently drinking, mark 00)

33,34. ( ) ( ) Last period of abstinence ended how many months ago? (if none, mark 99, 8 years or more = 96)

35,36. ( ) ( ) Longest previous period of abstinence. (months)

37. Usual frequency pattern of drinking:

a. ( ) Self-voluntarily, hasn't taken a drink for at least a year.
b. ( ) Self-voluntarily, hasn't taken a drink in the past 6 months, but within a year.
c. ( ) Drinks only on specific occasions.
d. ( ) Drinks about once a week or less.
e. ( ) Drinks more than once a week, but not daily.
f. ( ) Drinks daily.

38. Usual intensity of drinking:

a. ( ) Usually stops short of intoxication.
b. ( ) Usually stops drinking when intoxicated.
c. ( ) Drinks beyond intoxication into a day or more of bing-type drinking.

39. Regularity of frequency and intensity of drinking patterns:

a. ( ) Frequency and intensity follow a regular pattern.
b. ( ) Frequency is regular, but intensity is irregular.
c. ( ) Intensity is regular, but frequency is irregular.
d. ( ) Both are irregular.

40. Usual compulsivity for drinking:

a. ( ) Limits drinking at will, no compulsivity experienced.
b. ( ) Feels a compulsion to continue, although he can still limit his drinking.
c. ( ) Has compulsive episodes of drinking to intoxication, although not binges. Frequency________________.
d. ( ) Has compulsive episodes of binge drinking lasting m more than a day. Frequency________________.

41. Social pattern of drinking:

a. ( ) Drinks only in social situations.
b. ( ) Drinks only alone or socially isolated.
c. ( ) Drinks alone and socially.

42. Emotional Motivation for drinking: (past or present):

a. ( ) Says he drinks because it is pleasurable.
b. ( ) Says he drinks to enhance his personal functioning.
c. ( ) Says he drinks to alleviate personal psychological ~~systoms~~ symptoms.
d. ( ) Says he drinks because of social pressures.

43. CNS Sequelae of drinking (in past 6 months)

a. ( ) None
b. ( ) One or more.

( ) Has had black out spells after drinking.
( ) Has had memory lapses after drinking.
( ) Has had tremors and shakes after drinking.
( ) Has had hallucinations after drinking.
( ) Has had Delirium Tremors.

44. Physical Sequelae of drinking: (in the past 6 months)

a. ( ) None.
b. ( ) One or more.

( ) Has recurrent nausea and vomiting after drinking.
( ) Has recurrent diarrhea after drinking.
( ) Has developed neuritis.
( ) Has had poor visual-motor coordination.

45. a. ( ) yes Has had psycho-social sequelae of drinking. (in the past 6 months)
b. ( ) no

46. a. ( ) yes Has had episodes of depression.
b. ( ) no

47. a. ( ) yes Has had suicidal tendencies or made suicidal attempts.
b. ( ) no

48. a. ( ) yes Has been involved in overt physical agression when drinking.
b. ( ) no

49. a. ( ) yes Has used narcotics or other drugs in connection with drinking.
b. ( ) no

50. a. ( ) yes Has had motor vehicle accidents related to drinking.
b. ( ) no

51. a. ( ) yes Has been hospitalized for alcoholism.
b. ( ) no

52. a. ( ) yes Has been arrested or jailed in relation to drinking.
b. ( ) no

53. a. ( ) yes Has been placed on probation in relation to drinking.
b. ( ) no

54. a. ( ) yes Has sustained physical injury as a result of drinking.
b. ( ) no

55. Pattern of drinking status (abstinent or drinking):

a. ( ) The current drinking pattern was present prior to treatment.
b. ( ) The current drinking pattern developed during the treatment.
c. ( ) The current drinking pattern developed after treatment, but prior to 6 months ago.
d. ( ) The current drinking pattern developed after treatment, and within the past 6 months.

56. Other resources sought for help since treatment:

a. ( ) None
b. ( ) Professional resources: ______________________
c. ( ) Non-professional resources: ___________________
d. ( ) Use of medicine: ___________________________
e. ( ) Combination of above: _______________________

57. Pattern of use of Antabuse:

a. ( ) Has never used Antabuse.
b. ( ) Has not used Antabuse subsequent to treatment.
c. ( ) Has used Antabuse sporadically subsequent to treatment.
d. ( ) Has used Antabuse regularly subsequent to treatment.

58. a. ( ) yes Antabuse was felt to be of significant help in
b. ( ) no controlling the alcoholism.

59. Pattern of affilication with Alcoholic Anonymous:

a. ( ) Has never attended AA.
b. ( ) Has not attended AA subsequent to treatment.
c. ( ) Has attended AA sporadically since treatment.
d. ( ) Has attended AA regularly since treatment.

60. a. ( ) yes AA was felt to be of significant help in controlling
b. ( ) no the alcoholsim

61. Explanation for giving up drinking:

a. ( ) Not applicable, patient still drinking.
b. ( ) Feels he stopped drinking through the professional help he sought.
c. ( ) Feels he stopped drinking through the non-professional help he sought.
d. ( ) Feels he stopped drinking by himself.

62. Explanation for continuing to drink:

- a. ( ) Not applicable, patient abstinent.
- b. ( ) Denies any desire or reason for stopping drinking.
- c. ( ) Feels he wants to continue drinking more than he wants to stop.
- d. ( ) Has tried to stop drinking; wants to, but cannot.
- e. ( ) Continues to drink because he can do so now in a non-pathological fashion.

63. Patient self-evaluation of drinking status:

- a. ( ) States he is abstinent.
- b. ( ) Does not claim abstinence, but has no drinking problems and has no trouble related to drinking either within the family or outside the family.
- c. ( ) Has a drinking problem, but does not have any trouble related to drinking within the family or outside the family.
- d. ( ) Has a drinking problem, and has trouble related to his drinking problem.

64. Interviewers estimate of accuracy of patient self-assessment:

- a. ( ) Patient greatly overestimates his drinking pathology.
- b. ( ) Patient slightly overestimates his drinking pathology.
- c. ( ) Patient is essentially correct in evaluating his drinking pathology.
- d. ( ) Patient slightly underestimates his drinking pathology.
- e. ( ) Patient greatly underestimates his drinking pathology.

65. Interviewer evaluation of drinking status:

- a. ( ) Patient is abstinent.
- b. ( ) Patient is drinking without difficulty.
- c. ( ) Patient has a drinking problem, but has no trouble related to his drinking.
- d. ( ) Patient has a drinking problem, and has trouble related to his drinking.

66,67,68. ( ) ( ) ( ) Psychopathology Score: Mental Status Schedule

---

80. a. ( ) Card number.
    b. ( ) (This schedule is card A.)

RAND/ATC FOUR-YEAR FOLLOWUP STUDY CLIENT INTERVIEW, SELF-ADMINISTERED FORM, AND COLLATERAL INTERVIEW

Authors: J. Michael Polich, David J. Armor, and Harriet B. Braiker

Assessment Areas Covered: Alcohol consumption quantity/frequency; alcohol dependence syndrome, severity of, adverse consequences, demographics, attitudes, SES, withdrawal symptoms, psychological function, physical health, mental health, behavioral aspects of drinking, treatment history, locus of control, prognosis, resource person, legal, employment, religion

Administration: The Client Interview and Self-Administered Form are administered by personal interview, in approximately 75 minutes, at home, during followup 4 years after alcoholism treatment. The Collateral Interview is also interviewer-administered and takes about 20 minutes.

Design Features: The three instruments use multiple-choice, yes/no, and completion items. The Client Interview contains 80 items, the Self-Administered form has 26 items, and the Collateral Interview has 37. Although many portions of the instruments were custom designed for a specific study, there are several indexes that may be constructed from the data that can be used for general purposes:

1) Quantity-Frequency Index (alcohol consumption)
2) Index of Typical Quantity Consumed
3) Alcohol Dependence Symptom Scale
4) Adverse Consequences Index
5) Behavioral Impairment Index
6) Index of Socioeconomic Status
7) Index of Social Stability
8) Psychiatric Symptomatology Scale
9) Psychological Trait Scales (autonomy, impulsivity, locus of control, and emotional stability)

Descriptions of the indexes as described in the project report are reprinted following the questionnaires.

Abstract: These three instruments were developed as part of a 4-year followup study to assess outcomes among alcoholics who had been treated at publicly sponsored facilities. Included are 1) a 75-minute interview with the subject, assessing drinking behavior and a broad range of functions; 2) a short self-administered form assessing the subject's psychological traits; and 3) a brief interview with a collateral observer, providing an independent report on the subject's behavior. The data were used to assess patterns of remission from alcoholism at 18 months and 4 years after treatment, to study patterns of remission and relapse, and to analyze factors predicting successful remissions. Validity studies also verified subject self-reports using collateral reports and physiological measurements of the subject's blood alcohol concentration.

The study is based on a sample of 922 males. This cohort consists of individuals who had been accepted for alcoholism treatment in 1973 at any one of eight NIAAA-funded Alcoholism Treatment Centers (ATCs). In addition to the 4-year followup interview, the same cohort was also interviewed at 6 months and 18 months (Armor et al. 1978). Data on the cohort were obtained using measures of the presence or absence of alcohol-related problems over the 6-month period before the followup interview.

The report produced from this study (Polich et al. 1980) is lengthy (361 pp.) and detailed in the presentation of its many findings. It contains a summary and introductory chapter that are succinct and a chapter on design and methodology that discusses the questionnaires and the issue of validity in depth.

While the findings of the study were numerous, some of the more important conclusions drawn by the authors with respect to alcoholism treatment outcome assessment were:

- the presence of alcohol dependence (withdrawal symptoms, alcoholic blackouts, uncontrolled drinking, or similar behavior) appeared to play a central role in determining prognosis. On the other hand, the level of alcohol consumption at screening for treatment,[1] independent of the presence of dependence, did not generally affect a client's prognosis. Alcohol dependence also appears to be a central factor in the process of relapse.
- Short-term abstention was not found to be a reliable indicator of longer term remission.
- Remissions were generally not stable over long periods of time.
- Many alcoholics are involved in a recurrent pattern of treatment, remission, and relapse. The findings indicate that change is the dominant pattern of alcoholic behavior over time.
- Relapse patterns were not uniform across all subgroups of alcoholics. For example, among alcoholics who were over 40 and had high levels of alcohol dependence at admission, those who abstained had lower relapse rates over time than those who engaged in nonproblem drinking. In contrast, among alcoholics who were under 40 and had low levels of dependence at admission, those who engaged in nonproblem drinking had lower relapse rates over time than those who abstained.
- Even those alcoholics who achieve long-term abstention on stable nonproblem drinking were not assured of general psychosocial rehabilitation.
- Drinking status at 4 years was not associated with treatment setting (inpatient versus outpatient).
- Data from collateral interviews revealed that, although they may have been uncertain about the subjects' drinking in some instances, underreporting as the result of the self-reporting process used in the study did not substantially affect the basic findings. This finding was also substantiated by blood alcohol concentration measurements taken during the interview for a subsample of the cohort.
- Further research is needed on two issues: 1) the process by which people first reach the point of becoming alcoholics, and 2) how they first come into treatment. In particular, more attention needs to be paid to the process of, and point of, emergence of alcohol dependence.

---

[1] The median level of alcohol consumption of the study group at screening for treatment was 17 drinks per day.

Related Published Reports:

Polich, J.M.; Armor, D.J.; and Braiker, H.B. *The Course of Alcoholism: Four Years After Treatment*. New York: Wiley and Sons, 1981. [Contains only the Client Interview.][2]

Polich, J.M.; Armor, D.J.; and Braiker, H.B. *The Course of Alcoholism: Four Years After Treatment*. Report R-2433-NIAAA. Santa Monica, Calif.: The Rand Corporation, 1980. [Original report containing all three questionnaires.]

Polich, J.M.; Armor, D.J.; and Braiker, H.B. Patterns of alcoholism over four years. *Journal of Studies on Alcohol*, 41:397-416, 1980.

Armor, D.J., and Polich, J.M. Measurement of alcohol consumption. In: Pattison, E.M., and Kaufman, E., eds. *Encyclopedic Handbook of Alcoholism*. New York: Gardner Press, 1982.

Polich, J.M. Validity of self-reports in alcoholism research. *Addictive Behaviors*, 7:123-132, 1982.

Polich, J.M. Epidemiology of alcohol abuse in civilian and military populations. *American Journal of Public Health*, 71:1125-1132, 1981.

Armor, D.J.; Polich, J.M.; and Stambul, H.B. *Alcoholism and Treatment*. New York: Wiley, 1978.[2]

Availability Source: The Client Interview is reproduced in Polich et al. (1981), published by John Wiley and Sons; the Client Interview and all other instruments are included in Polich et al. (1980), available for purchase from the Publications Department, The Rand Corporation, 1700 Main Street, Santa Monica, California 90406-2138; subject to copyright limitations.

Copyright: Copyright 1980 by The Rand Corporation. Reproduced with permission by the U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute on Alcohol Abuse and Alcoholism from The Rand Corporation. Further reproduction is prohibited without permission of the copyright holder.

---

[2] Refer to volume 1 in this series, *Summaries of Alcoholism Treatment Assessment Research*, for a further discussion of these works.

OMB No. 68-S77006
Expires December 31, 1977

ATC FOUR-YEAR FOLLOWUP STUDY

CLIENT INTERVIEW

June 1977

(Main Subject Interview)

The Rand Corporation
Santa Monica, California

OPENING STATEMENT TO CLIENT
(Groups A and B)

Johns Hopkins University, in cooperation with The Rand Corporation, is conducting interviews with people around the country about their health and things they do that affect their health—particularly their drinking practices. We are talking to people who have had some contact with programs like _____(Name of ATC)_____, as part of a national study sponsored by the Department of Health, Education, and Welfare. A payment of ten dollars is being made to every person who participates in the interview to compensate you for your time. The interview will take about 1 hour and 15 minutes.

Your answers will help us decide how much people are being helped by such programs and to plan better programs for people who ask for these services. The interview includes questions about your drinking over the past few years, experiences or problems you may have had related to drinking, some aspects of your background, and a brief attitude questionnaire that you fill out. During the interview, you may omit any questions that you don't wish to answer. Of course, your participation is voluntary at all times; you may refuse to participate and if you participate you may withdraw at any time.

Your opinions and experiences are very important to us, and we will treat your answers as strictly confidential. Our findings will be reported in summary form only; no names of individuals will be used. Your interview record will be kept with a code number, not identified by name, and will be seen only by our research team; it will never be identified to the _____(Name of ATC)_____ or to any government agency. Will you agree to participate in the study?

OPENING STATEMENT TO CLIENT
(Group C)

Johns Hopkins University, in cooperation with The Rand Corporation, is conducting interviews with people around the country about their health and things they do that affect their health—particularly their drinking practices. We are talking to people who have had some contact with programs like _____(Name of ATC)_____, as part of a national study sponsored by the Department of Health, Education, and Welfare. A payment of ten dollars is being made to every person who participates in the interview to compensate you for your time. The interview will take about 1 hour and 15 minutes.

Your answers will help us to decide how much people are being helped by such programs and to plan better programs for people who ask for these services. The interview includes questions about your drinking over the past few years, experiences or problems you may have had related to drinking, some aspects of your background, and a brief attitude questionnaire that you fill out. In addition, at the end of the interview we will be asking you to allow us to contact a close friend or relative to obtain additional information. During the interview, you may omit any questions that you don't wish to answer. Of course, your participation is voluntary at all times; you may refuse to participate and if you participate you may withdraw at any time.

Your opinions and experiences are very important to us, and we will treat your answers as strictly confidential. Our findings will be reported in summary form only; no names of individuals will be used. Your interview record will be kept with a code number, not identified by name, and will be seen only by our research team; it will never be identified to the _____(Name of ATC)_____ or to any government agency. Will you agree to participate in the study?

ATC FOUR-YEAR FOLLOWUP STUDY
CLIENT INTERVIEW FORM

CASE # ☐☐☐☐

TIME STARTED ____________ a.m.

____________ p.m.

DATE: ______ Month ______ Day ______ Year

1. First, where do you live—in what city and state? ____________ City ________ State

And what is your zipcode? ____________ Zipcode

2. How long have you lived in this (city/town)? No. of years ________ and No. of months ______

3. During the past 12 months how many different addresses have you lived at—including your current address?

PROBE FOR NUMBER OF DIFFERENT ADDRESSES. No. of addresses ____________

4. **CIRCLE ONE CODE; ASK IF NECESSARY:**

In what type of residence are you living now?

Apartment 01
Private house 02
Mobile home (trailer) 03
Hotel 04
Rooming house 05
Halfway house, or recovery home . 06 }
Other group quarters (Salvation Army/ dormitory, etc.) . . . . . . 07 } Go to Q. 6
Street . . . . 08 }
Other (SPECIFY ____________ ____________) 09

5. How many people do you live with, including children? No. of people ____________

IF OTHER THAN RESPONDENT ASK:

A. I would like to know the age of each of the other people in your household and their relationship to you.

Age	Relationship
____	____________
____	____________
____	____________
____	____________
____	____________
____	____________

6. What is your date of birth? Month ________ Day ________ Year ________

7. How much do you weigh? **PROBE FOR BEST ESTIMATE** Lbs. ________

8. At the present time do you have a full-time job, part-time job, do you work at odd jobs, or are you not employed?

Full-time job (GO TO C) 1
Part-time job . . } 2
Work at odd jobs } (ASK A) 3
Not employed . } 4

A. Have you been looking for (work/full-time work) during the past 30 days?

Yes (GO TO C) 1
No (ASK B) 2

342

BLANK PAGE

BLANK PAGE

BLANK PAGE

B. What is the main reason you haven't been looking for work?
RECORD VERBATIM AND CODE

Homemaker	01
Student	02
Retired/too old	03
Illness or disability *not* related to alcohol	04
Drinking problem (including illness related to alcohol)	05
Institutionalized	06
Don't want a job/more work	07
No job available	08
In this location only temporarily/ intend to move on	09
Have independent income/no need to work	10
Seasonal worker	11
Temporarily laid off	12
Other (SPECIFY____________ ____________)	13

C. How many months were you employed during the past 12 months?

No. of months ____________

IF DID NOT WORK DURING THE PAST 12 MONTHS, SKIP TO Q. 10.

D. What kind of place (do/did) you work for (most recently in the past 12 months)?

(PROBE: What do they make or do?) ____________ Industry

E. What kind of work (do/did) you do?

(PROBE: What (is/was) your job called?) ____________ Occupation

IF NOT ALREADY ANSWERED, ASK:

F. What (do/did) you actually do in that job?

(PROBE: What (are/were) some of your main duties?)

9. How many days did you work during the past 30 days?

USE CALENDAR No. of days worked ____________

A. How many paid vacation days, if any, did you take in the past 30 days?

No. of paid vacation days ____________

10. Are you now legally married, widowed, divorced, separated, do you have a common-law wife, or have you never been married?

Married [ASK A, B, & E]	1
Common-law wife [ASK A, B, & E]	2
Widowed [ASK A–E]	3
Divorced [ASK A–E]	4
Separated [ASK A–E]	5
Never married [ASK D]	6

A. How many times have you been married? [INCLUDES COMMON-LAW SPOUSE] No. of times ____________

B. In what month and year did you get married (the last time)? [INCLUDES COMMON-LAW SPOUSE]

Month ____________

Year ____________

IF CURRENTLY WIDOWED, DIVORCED, OR SEPARATED:

C. How long have you been (widowed/living apart)? [INCLUDES COMMON-LAW SPOUSE]

No. of years ____________ and

No. of months ____________

D. Do you have a steady girlfriend now?

Yes	1
No [GO TO Q. 11]	2

E. Are you living with your (wife/girlfriend) now?

Yes	1
No	2

11. How many children do you have, whether or not they live with you? No. of children ____________

Now I have some questions about how things are going for you right now.

CLIENT INTERVIEW

12. Taking all things together, how would you say things are these days—would you say you are very happy, pretty happy, or not too happy, these days?

Very happy	1
Pretty happy	2
Not too happy	3

13. Now I'm going to ask you about how things are going in various areas of your life at the present time. As I ask about each area, just tell me whether things are going very well, fairly well, or not very well.

How about:	Very well	Fairly well	Not very well
a. your friendships and social life— would you say things are going very well, fairly well, or not very well?	1	2	3
b. your home life or marriage?	1	2	3
c. your relationship with your children?	1	2	3
does not have contact with children.... 4			
does not have children............. 5			
d. your work or employment opportunities?	1	2	3
e. your money or finances?	1	2	3
f. your health in general?	1	2	3

14. How do you think things will go for you in the next few years? Do you think your life will get better, get worse, or stay about the same?

Get better	1
Get worse	2
Stay about the same	3

15. About how many *close* friends do you have—people you feel at ease with and can talk with about what is on your mind? You may include people who live with you or relatives.

No. of close friends ________

IF ANSWER IS "O", GO TO Q. 17

A. How many of these close friends are heavy drinkers at the present time?

No. of heavy drinkers________

B. How many of these close friends do not drink at all at the present time?

No. who do not drink________

C. How many of these close friends would you say are recovered or recovering alcoholics at the present time?

No. of recovered or recovering alcoholics

____

CLIENT INTERVIEW

16. Think about the close friend you see most often. About how frequently do you get together? Would you say . . .

Every day	1
Several times a week	2
Once a week	3
2 or 3 times a month	4
Once a month	5
Less than once a month	6
or, Never	7

17. **IF CURRENTLY LIVING WITH SPOUSE/GIRLFRIEND:**

Do you think of your (wife/girlfriend) as drinking occasionally, drinking frequently, having a drinking problem, or doesn't she drink?

Drinks occasionally	1
Drinks frequently	2
Has a drinking problem	3
Doesn't drink	4

18. What was the approximate date of your last drink—the last time you had any alcoholic beverage like beer, wine, or liquor, even if it was only a little?

Month ________

Day ________

Year ________

IF DATE OF LAST DRINK IS MORE THAN 1 YEAR AGO, SKIP TO QUESTION 34.

19. Let's talk about the 30 days before your last drink, including the day of your last drink. Let's see—that would be

from ________________ to ________________.

On about how many days would you say you drank any alcoholic beverage during that 30-day period?

IF RESPONDENT *CANNOT* ESTIMATE NUMBER OF DAYS, HAND ORANGE CARD AND SAY: I know it's hard to remember—just look at this card and give me your best guess.

No. of days ________

20. Did you drink beer, ale, or any other malt beverage, such as malt liquor, during that 30-day period?

Yes [ASK A-G] 1
No [GO TO Q. 21] 2

A. During those 30 days, on about how many days did you drink beer or any other malt beverage?

IF RESPONDENT *CANNOT* ESTIMATE NUMBER OF DAYS, HAND ORANGE CARD AND SAY:
I know it's hard to remember—just look at this card and give me your best guess.

No. of days ________

B. On a *typical* day when you drank beer or any other malt beverage, about how much did you drink?

RECORD VERBATIM AND FILL IN NO. OF UNITS IN COLUMN 1 AT RIGHT.

1. Number of Units		2. Ounces in Container
______ Cans	→	______ oz. per can
______ Bottles	→	______ oz. per bottle
______ Six packs	→	______ oz. per can
______ Glasses	→	______ oz. per glass
______ Quarts	→	32 oz. per quart
______ Other (SPECIFY __________)	→	______ oz. per unit

IF RESPONDENT ANSWERS IN TERMS OF CANS, BOTTLES, GLASSES, OR OTHER UNITS:

C. About how many ounces are there in the (cans/bottles/glasses/other units) you *usually* drink? (For example: Are they standard 12-ounce cans, half-quart cans, or what?)

RECORD VERBATIM AND RECORD NUMBER OF OF OUNCES IN COLUMN 2 ABOVE.

D. On how many days (if any) during that period did you drink

10 cans
10 bottles
10 glasses
4 quarts
} or more? No. of days ______

E. On how many days (if any) during that period did you drink

6 to 9 cans
6 to 9 glasses
6 to 9 bottles
2 to 3 quarts
} but not more?
No. of days __________

F. What did you drink most often during that 30-day period? Was it *usually* . . .

Beer 1
Ale 2
Malt liquor 3
or, Another malt beverage
(SPECIFY________
______________) 4

G. What is the name of the brand, or brands, you usually drink?

RECORD VERBATIM ______________________
____

21. Did you drink wine during that 30-day period?

YES (ASK A-G) 1
NO (GO TO Q. 22) 2

A. During those 30 days, on about how many days did you drink wine?

IF RESPONDENT *CANNOT* ESTIMATE NUMBER OF DAYS, HAND ORANGE CARD AND SAY:
I know it's hard to remember—just look at this card and give me your best guess.

No. of days __________

B. On a *typical* day when you drank wine, about how much wine did you drink?

RECORD VERBATIM AND FILL IN COLUMN 1 AT RIGHT

1. Number of Units	2. Ounces in Container
________ Quarts →	32 oz. per quart
________ Fifths →	26 oz. per fifth
________ Glasses →	____ oz. per glass
________ Other (SPECIFY	
________________ →	______ oz. per unit

IF ANSWER IS IN TERMS OF WINE GLASSES, WATER GLASSES OR OTHER UNITS:

C. About how many ounces are there in the (glasses/other units) you usually drink?

RECORD VERBATIM AND RECORD NUMBER OF OUNCES IN COLUMN 2 ABOVE.

IF RESPONDENT CANNOT ANSWER HOW MANY OUNCES ARE IN A GLASS ASK:

[1] Are they wine or water glasses?

Wine glasses. 1
Water glasses 2

D. Do you usually drink a fortified wine such as sherry or port?

Yes 1
No. 2

E. What is the type or brand you usually drink?

____

F. On how many days during that 30-day period, if any, did you drink two fifths of wine or more?

No. of days ________

G. On how many days during that period, if any, did you drink as much as a fifth of wine but less than two fifths?

No. of days ________

---

22. Did you drink any whiskey, gin, or other hard liquor during that 30-day period?

Yes [ASK A-H] 1
No [GO TO Q. 23] 2

A. During those 30 days, about how many days did you drink liquor?

IF RESPONDENT *CANNOT* ESTIMATE THE NUMBER OF DAYS, HAND ORANGE CARD AND SAY:

I know it's hard to remember—just look at this card and give me your best guess.

No. of days ________

B. On a *typical* day when you drank liquor, about how much liquor did you drink?

RECORD VERBATIM AND CODE

No. of pints ________
No. of fifths ________
No. of quarts ________
No. of shots ________
No. of drinks ________

IF ANSWER IS IN TERMS OF SHOTS:

C. About how many ounces are there in the shots you drink?

No. of ounces ________

IF ANSWER IS IN TERMS OF DRINKS:

D. About how much liquor (do/did) you usually have in a drink?

RECORD VERBATIM AND PROBE FOR OUNCES IF POSSIBLE.

No. of ounces ________

E. On how many days during that 30-day period, if any, did you drink a full pint of liquor or more? That would be about 16 ounces.

No. of days ________

F. On how many days during that period, if any, did you drink as much as a half-pint of liquor but less than a pint? That would be between 8 and 15 ounces.

No. of days ________

G. How (do/did) you usually drink liquor—straight or with water or a mixer?

NOTE: CODE NON-MIXER COCKTAILS SUCH AS MARTINIS, MA'.HATTANS AS "1"

Straight 1
With water or mixer 2

H. What is the type or brand of liquor you usually drink?

RECORD VERBATIM ____________________
____

ASK 23 AND 24 ONLY IF DATE OF LAST DRINK WAS *YESTERDAY* OR *TODAY*

IF DATE OF LAST DRINK WAS TODAY, ASK:

23. Did you have anything to drink yesterday?
Yes [ASK A] 1
No [GO TO Q. 24] 2

IF DATE OF LAST DRINK WAS YESTERDAY, ASK:

A. When you drank yesterday, what time did you have your first drink? ____________ a.m. ____________ p.m.

B. What time did you finish your last drink before going to bed (include today's time if necessary)? ____________ a.m. ____________ p.m.

C. Including all beer, wine, and liquor, how much did you drink between these two times?

RECORD ALL BEER, WINE, AND LIQUOR

BEER		**WINE**		**LIQUOR**
_____ Cans	49-50	_______ Quarts	69-70	_______________ Pints
(_____ oz. per can)	51-52	_______ Fifths	71-72	_______________ Fifths
_____ Bottles	53-54	_______ Glasses	73-74	_______________ Quarts
(_____ oz. per bottle)	55-56	(_____ oz. per glass)	75-76	_______________ Shots
_____ Six Packs	57-58	_____ Other		(_______ oz. per shot)
(_____ oz. per can)	59-60	(SPECIFY _________		_______________ Drinks
_____ Glasses	61-62	_______________)	77-78	(_______ oz. per drink)
(_____ oz. per glass)	63-64			
_____ Quarts	65-66			
_____ Other				
(SPECIFY _______				
_______________)	67-68			

IF CLIENT DID NOT DRINK TODAY, SKIP TO Q. 25.

24. What time did you have your first drink today? ____________ a.m. ____________ p.m.

A. What time did you finish your *last* drink? ____________ a.m. ____________ p.m.

B. Including all beer, wine, and liquor, how much did you drink between these two times?

RECORD ALL BEER, WINE, AND LIQUOR

BEER		**WINE**		**LIQUOR**
_____ Cans	37-38	_______ Quarts	57-58	_______________ Pints
(_____ oz. per can)	39-40	_______ Fifths	59-60	_______________ Fifths
_____ Bottles	41-42	_______ Glasses	61-62	_______________ Quarts
(_____ oz. per bottle)	43-44	(_____ oz. per glass)	63-64	_______________ Shots
_____ Six Packs	45-46	_____ Other		(_______ oz. per shot)
(_____ oz. per can)	47-48	(SPECIFY _________		_______________ Drinks
_____ Glasses	49-50	_______________)	65-66	(_______ oz. per drink)
(_____ oz. per glass)	51-52			
_____ Quarts	53-54			
_____ Other				
(SPECIFY _______				
_______________)	55-56			

BEST COPY AVAILABLE

25. These next few questions have to do with things that may have happened to you during the 30 days we've been talking about—that is, from __________ to __________. Just tell me how many days these things happened.

USE ORANGE CARD, IF NECESSARY, AND SAY: I know it's hard to remember—just look at this card and give me your best guess.

A. First, during that period how often did you have difficulty sleeping at night?	No. of days ________
B. During that period, how many days did you have memory lapses or "blackouts"?	No. of days ________
C. How many days did you miss a meal because of drinking?	No. of days ________
D. During that period, how many days did you have a drink as soon as you woke up?	No. of days ________
E. How many days did you have the "shakes"?	No. of days ________
F. How many days did you have arguments or fights with others while drinking?	No. of days ________
G. During that period, how many days were you drunk?	No. of days ________
H. How many days did you drink while on the job?	No. of days ________ Not working 77
I. During that period, how many days did you miss work or other activities because of drinking?	No. of days ________
J. How many days did you drink more than you really wanted to?	No. of days ________
K. How many days did you try to stop drinking but couldn't?	No. of days ________
L. What was the longest period you went without drinking during those 30 days?	No. of hours ________ OR No. of days ________
M. What was your longest continuous period of drinking?	No. of hours ________ OR No. of days ________
N. When you drank during that 30-day period, did you . . .	Always drink with others. . . . . 1 Usually drink with others . . . . 2 Usually drink alone . . . . 3 or, Always drink alone. 4

348

IF DATE OF LAST DRINK WAS MORE THAN 6 MONTHS AGO, SKIP TO QUESTION 33.

TAKE OUT BLUE CARD AND MARK 30-DAY PERIOD ON IT.

26. Now I'd like to ask you generally about your drinking over the past 6 months, going back to __(date 6 months ago)__. Here is a card showing that 6-month period. **(HAND BLUE CARD).** We've just been talking about your drinking during this period here **(POINT TO 30-DAY PERIOD AND MARK ON CARD).** Were there any other times during this 6-month period when you were drinking, even if it was only a small amount?

Yes [ASK A-C] 1

No [GO TO Q. 28] 2

IF YES:

A. What other times were you drinking anything, even when you were drinking only a small amount? Just tell me the name of each month when you drank anything.

WRITE NAMES OF ALL MONTHS ON CHART BELOW AND RECORD WHETHER CLIENT DID DRINK OR DID NOT DRINK IN EACH MONTH.

B. FOR EACH MONTH CLIENT DRANK ANYTHING, ASK:

Now during the month of __________, was your drinking about the same, more, or less than the 30-day period we have been talking about?

CODE "SAME," "MORE," OR "LESS" ON CHART BELOW FOR EACH MONTH WHEN CLIENT DRANK ANYTHING.

[WRITE NAME OF MONTH BELOW]	A. Did Drink	Did Not Drink		B. Same	More	Less	
This month	1	2	53	1	2	3	60
One month ago	1	2	54	1	2	3	61
2 months ago	1	2	55	1	2	3	62
3 months ago	1	2	56	1	2	3	63
4 months ago	1	2	57	1	2	2	64
5 months ago	1	2	58	1	2	3	65
6 months ago	1	2	59	1	2	3	66

C. IF "MORE" OR "LESS" FOR ANY MONTH IN B, ASK FOR EACH MONTH IT WAS MORE OR LESS.

During those times when you were drinking (more/less)—that is, during ___(name of month)___ —about how many days did you drink and about how much on a *typical* day?

[AMOUNT IN OUNCES OR OTHER UNITS—REFER TO BACK OF CALENDAR CARD]

[NO. OF DAYS] C. How Often		How Much BEER		How much WINE		How much LIQUOR
	7-8		21-24		49-52	
	9-10		25-28		53-56	
	11-12		29-32		57-60	
	13-14		33-36		61-64	
	15-16		37-40		65-68	
	17-18		41-44		69-72	
	19-20		45-48		73-76	

349

BEST COPY AVAILABLE

27. Now, thinking of this earlier period **[POINT TO PERIOD ON BLUE CARD *BEFORE* 30-DAY WINDOW]**—tell me how many times each of these things happened to you, if at all.

USE ORANGE CARD, IF NECESSARY, AND SAY: I know it's hard to remember—just look at this card and give me your best guess.

		Total Number of Days	OR	Number of Days per Month
A.	How many days did you have the "shakes" during this period?	______		______
B.	How many days did you have memory lapses or "blackouts" during this period?	______		______
C.	How many days did you miss a meal because of drinking during this period?	______		______
D.	How many days did you miss work or other activities because of drinking during this period?	______		______
		Not working 1		
E.	How many days did you have a drink as soon as you woke up during this period?	______		______
F.	How many days were you drunk during this period?	______		______

28. Now I'd like to ask some questions about the *whole period* of the past 6 months—going all the way from ______(*date of 6 months ago*)______ to today. **[POINT TO ENTIRE 6-MONTH PERIOD ON BLUE CARD.]** When I say "the past 6 months," I mean this whole period.

Which answer on this card best fits your own pattern of drinking during that 6-month period?

HAND TAN CARD.

Drinking every day or almost every day [ASK A]	1
Drinking mainly on weekends or days off [ASK A] . .	2
Drinking only a few days a week [ASK A]	3
Going on binges [SKIP TO B-C]	4
Some other pattern? RECORD VERBATIM ______________________ ______________________ [ASK A]	5

349

A. During that 6-month period would you say you *ever* went on a binge?

Yes [ASK B & C] 1
No [GO TO Q. 29] 2

B. How many binges did you go on in that 6-month period?

No. of binges ________

C. How long did the average binge last?

No. of days ________

29. What was the *most* you drank on any single day during the whole 6-month period?
RECORD ALL BEER, WINE, AND LIQUOR

BEER		**WINE**		**LIQUOR**
______ Cans	7-8	________ Quarts	27-28	______________ Pints
(_____ oz. per can)	9-10	________ Fifths	29-30	______________ Fifths
______ Bottles	11-12	________ Glasses	31-32	______________ Quarts
(_____ oz. per bottle)	13-14	(_____ oz. per glass)	33-34	______________ Shots
______ Six Packs	15-16	______ Other		(_______ oz. per shot)
(_____ oz. per can)	17-18	(SPECIFY __________		______________ Drinks
______ Glasses	19-20	________________)	35-36	(_______ oz. per drink)
(_____ oz. per glass)	21-22			
______ Quarts	23-24			
______ Other				
(SPECIFY ________				
______________)	25-26			

A. How many days during these 6 months did you drink that much or nearly that much?

No. of days ________

30. When you drank, during the past 6 months, where did you do most of your drinking?
RECORD VERBATIM AND CODE

At home 1
At other persons' homes 2
At bars or restaurants 3
On the street/alley/hallway 4
Other (SPECIFY ____________) 5

31. Did you usually drink all day or only at certain times?

All day [GO TO Q. 32] 1
Certain times [ASK A] 2

IF CERTAIN TIMES:

A. What time of day—usually?

Mornings 1
Afternoons 2
Evening/night 3
Mornings & afternoons 4
Afternoons & evenings/nights 5
Evenings/nights & mornings 6
Other (SPECIFY____________) 7

32. Overall, which choice on this card best fits your drinking over the past 6 months? Choose the answer you feel comes closest.

HAND GOLD CARD

A. Abstaining 1
B. Almost abstaining, rarely drinking 2
C. Social or moderate drinking . . 3
D. Fairly heavy drinking 4
E. Very heavy drinking 5
F. Problem drinking 6
G. Alcoholic drinking 7

33. People drink alcoholic beverages for different reasons. I am going to read some statements that people have made about why they drink. As I read each statement, just tell me how often you drink for each reason—most of the time, some of the time, or rarely or never. If you don't drink now, answer for when you *were* drinking. **REPEAT CATEGORIES AFTER EACH STATEMENT.**

	Most of the time	Some of the time	Rarely or never
A. I drink to be sociable	1	2	3
B. I drink because I like the taste	1	2	3
C. I drink to forget my worries	1	2	3
D. I drink to relax	1	2	3
E. A drink helps cheer me up when I am in a bad mood	1	2	3
F. A drink helps me when I am depressed or nervous	1	2	3
G. I drink when I am bored and have nothing to do	1	2	3
H. I drink when I am thirsty	1	2	3
I. I drink to increase my self-confidence	1	2	3

34. Do you feel you have ever been an alcoholic?

Yes [ASK A] . . . 1
No 2

A. Do you feel you are an alcoholic at the present time?

Yes 1
No 2

IF DATE OF LAST DRINK WAS WITHIN THE PAST 30 DAYS ASK Q. 35. OTHERWISE, GO TO Q. 36.

35. Would you say that, right now, you can control the amount you drink when you start drinking, or do you usually lose control and drink too much?

Can control the amount [GO TO Q. 37] 1
Usually lose control 2
Don't know. 3

36. Would you say there was ever a time when you were drinking that you were able to control the amount you drank?

Yes [ASK A] 1
No 2
Don't know 3

A. When was the last time?

____
(Month/Year)

37. If you drink in the future, how do you think it would affect you— do you think it wouldn't hurt you at all, would it hurt you only a little, or would it hurt you very much?

Wouldn't hurt at all [GO TO Q. 38] . . 1
Would hurt a little [ASK A]. 2
Would hurt very much [ASK A] 3

A. In what ways would it hurt you the most?

RECORD VERBATIM AND CODE *ALL* THAT APPLY

Death 01
Physical health 02
Mental health/emotionally 03
Marriage and family 04
Friends 05
Job or career 06
Finances. 07
Nerves 08
Jail/problems with the law 09
Other (SPECIFY ________________
____________________) . . 10

38. How would it affect your life if you never took another drink again—do you think your life would be better, worse, or about the same?

Better 1
Worse 2
About the same 3

39. I'd like to know how you feel about your drinking now. Would you say that your drinking . . .

Never was a problem 1
Is under control 2
Has improved, but is still a problem . . 3
or, Continues to be a serious problem. . . 4

40. Do you think there are some people who are so sensitive to alcohol that they can't stop drinking after just one or two drinks?

Yes 1
No 2

41. Do you think that alcoholism is a disease from which a person can never completely recover?

Yes 1
No 2

351

42. Do you think that a person who was once an alcoholic will always be an alcoholic?

Yes 1
No 2

43. Do you think that an alcoholic can ever go back to *moderate* drinking and not start drinking too much?

Yes 1
No 2

44. Now I have some questions about some medical conditions you may have had. Has a doctor ever told you that you had cirrhosis of the liver, alcoholic liver disease, an enlarged liver, or something called "fatty liver?"

Yes [ASK A-D] 1
No 2

A. Which condition did he say you had?

CODE ALL THAT APPLY

Cirrhosis of the liver 1
Alcoholic liver disease 2
Enlarged liver 3
Fatty liver 4

B. When did he tell you this, approximately?

____________ Month ____________ Year

C. When was the last time you saw a doctor about your liver problem?

____________ Month ____________ Year

D. Do you still have this problem?

Yes 1
No. 2
Don't know 3

45. The next set of questions are about your physical health during the past 6 months—since (date 6 months ago) ________.

How often in the past six months did you take antacids for stomach pain or heartburn, such as tablets like *Tums* or *Rolaids* or white liquid medicine like *Maalox* or *Gelusil*?

RECORD VERBATIM AND CODE

Several times a day 1
Once a day 2
Several times a week 3
Several times a month 4
Once a month or less. 5
Never. 6

46. Now, I'm goint to read you a list of some other medical conditions you might have had in the past 6 months. As far as you know, have you had any of these during that period?

Have you had . . . READ EACH ITEM	Yes	No
A. Colds	1	2
B. The flu	1	2
C. Hepatitis or yellow jaundice	1	2
D. Ulcers	1	2
E. Stomach pain or stomach ache not caused by overeating	1	2
F. High blood pressure	1	2
G. Heart disease—heart failure, heart attack, or chest pains	1	2
H. High blood cholesterol, high blood fat, or high lipid content	1	2
I. Arthritis, rheumatism	1	2
J. Headaches	1	2
K. Diabetes	1	2
L. Gout	1	2
M. Numbness, tingling, or burning in legs and feet	1	2
N. Episodes of dizziness, lightheadedness, or vertigo	1	2
O. Fractures or broken bones	1	2
P. Pancreatitis	1	2
Q. Loss of balance or trouble walking straight when not under the influence of alcohol	1	2
R. Vitamin deficiencies or anemia	1	2
S. Trouble focusing eyes when not under the influence of alcohol	1	2
T. Weakness in muscles and limbs	1	2
U. D.T.s, convulsions, or hallucinations related to alcohol	1	2

47. Have you had any other serious physical problems, or problems with your health *during the past 6 months*?

Yes [ASK A]. 1
No. 2
Don't know. 3

A. What were they?

____

____

____

48. Has a doctor ever told you that you had a particular physical problem that required you to stop drinking altogether—other than alcoholism?

Yes [ASK A-B] 1
No. 2

A. What was this problem?

____
____
____

B. When was this?

__________ Month __________ Year

49. During the past 6 months, did you stay overnight in a hospital, nursing home, or other medical facility?

Yes [ASK A-B] 1
No. 2

A. In the past 6 months, how many nights altogether did you stay overnight in places like that?

No. of nights __________

B. (Was that time/were any of those times) because of something connected with drinking?

Yes 1
No 2

50. Have you ever taken Antabuse?

Yes [ASK A] 1
No 2

IF YES:

A. Are you now taking Antabuse?

Yes 1
No [ASK B] 2

B. When did you stop taking it?

Month __________
Year __________

51. In the past 6 months, have you taken any medicine or drugs other than Antabuse?

Yes [ASK A-C] 1
No [GO TO Q. 52] 2

A. What (are/were) you taking and what (do/did) you take it for?

RECORD ANSWERS IN COLUMNS 1 AND 2 BELOW

ASK FOR EACH MEDICINE OR DRUG:

B. How much did you take per day or per week?

RECORD ANSWERS IN COLUMN 3 BELOW

C. For how many weeks or months, did you take it? TOTAL FOR 6-MONTH PERIOD

RECORD ANSWERS IN COLUMN 4 BELOW

	1. Name of drug	2. Taken for (tension, sleep, pain, etc.)	3. How much	4. How long
1.	________	________	____ per day or per week } for	{ ____ weeks or months
2.	________	________	____ per day or per week } for	{ ____ weeks or months
3.	________	________	____ per day or per week } for	{ ____ weeks or months
4.	________	________	____ per day or per week } for	{ ____ weeks or months

The next set of questions are about your general well-being over the past 6 months. Here is a card with a list of answers; just tell me for each question which answer comes closest to how you feel.
HAND YELLOW CARD

52. How much of the time during the past 6 months would you say you have enjoyed the things you do?

READ CATEGORIES

A. All of the time 1
B. Most of the time 2
C. Some of the time 3
D. None of the time 4

53. During the past 6 months, how much of the time have you felt tense or "high-strung?"

A. All of the time 1
B. Most of the time 2
C. Some of the time 3
D. None of the time 4

54. During the past 6 months, how often have you been bothered by problems with your memory or by problems concentrating?

A. All of the time 1
B. Most of the time 2
C. Some of the time 3
D. None of the time 4

55. During the past 6 months, how much of the time have you felt downhearted, blue, or depressed?

A. All of the time 1
B. Most of the time 2
C. Some of the time 3
D. None of the time 4

56. During the past 6 months, how much of the time have you felt anxious, worried, or upset?

A. All of the time 1
B. Most of the time 2
C. Some of the time 3
D. None of the time 4

TAKE BACK CARD

57. During the past 6 months, have you consulted a professional for any personal problems (other than drinking)?

Yes [ASK A] 1
No 2

A. Who did you see? Was it a:

Psychiatrist 1
Psychologist 2
Medical Doctor 3
Brain or nerve specialist 4
Marriage or family counselor . 5
Social worker 6
or, Someone else (SPECIFY _____
_______________________) 7

58. During the past 6 months, have you been arrested for drinking and driving?

Yes [ASK A] 1
No 2

A. How many times during the past 6 months?

No. of times ____________

59. During the past 6 months, have you been in jail?

Yes [ASK A-C] 1
No [ASK C] 2

A. How many days have you been in jail during that period?

No. of days ____________

B. (Was that time/were any of those times) because of something connected with drinking?

Yes 1
No 2

C. How many days were you in jail during the 6 months *before* that, that is from ______ to __________?

No. of days ____________

354

60. Now, I'd like to ask some general questions about how you've been doing over the past *four years*. Here is a card showing that period, going back from now to 1973.

HAND GRAY CARD

First, I am going to ask you about some experiences you may have had in the past four years. Just tell me whether or not you have had the experience and, if so, when it happened to you.

In the past four years . . .	YES [ASK A]	NO	A. In what month and year did it happen to you?
A. Did your last child leave home—including going away to college or into the service?	1	2	______ Month ______ Year
B. Were you discharged from military service?	1	2	______ Month ______ Year
C. Did you get married or remarried?	1	2	______ Month ______ Year ______ Month ______ Year
D. Did you get divorced or separated?	1	2	______ Month ______ Year ______ Month ______ Year
E. Were you widowed?	1	2	______ Month ______ Year
F. Was a child added to your household?	1	2	______ Month ______ Year ______ Month ______ Year ______ Month ______ Year
G. Did a close friend or family member die?	1	2	______ Month ______ Year ______ Month ______ Year ______ Month ______ Year

	YES [ASK A]	NO	A. In what month and year did it happen to you?
H. Did you have a serious illness?	1	2	
			____ Month ____ Year
			____ Month ____ Year
			____ Month ____ Year
I. Did you change jobs?	1	2	
			____ Month ____ Year
			____ Month ____ Year
			____ Month ____ Year
J. Were you out of work?	1	2	
			____ Month ____ Year
			____ Month ____ Year
			____ Month ____ Year

IF DATE OF LAST DRINK WAS WITHIN THE PAST YEAR, READ THIS:

We've talked in some detail about your drinking in the past few months; now we'd like to ask a few questions about your drinking at other times since 1973.

61. Let's consider the period from the beginning of 1973 to the end of 1976. What were the times during this four-year period when you were abstaining for 3 months or more?

RECORD VERBATIM

From	To
____ Month/Year	____ Month/Year
____ Month/Year	____ Month/Year
____ Month/Year	____ Month/Year
____ Month/Year	____ Month/Year
____ Month/Year	____ Month/Year

None 1

62 The last time you stopped drinking, what were the main reasons you stopped?

RECORD VERBATIM

63. The last time you started drinking, what were the main reasons you started?

RECORD VERBATIM

64. During this 4 year period from 1973 to 1976, what about the times when you were drinking heavily—about how much beer, wine, or liquor did you drink on a *typical* day?

RECORD VERBATIM, INCLUDING ALL BEER, WINE, AND LIQUOR. IF RESPONDENT WAS NOT DRINKING HEAVILY SKIP TO Q. 65.

BEER		WINE	BEGIN CARD15	LIQUOR
____ Cans	56-57	____ Quarts	7-8	____ Pints
(____ oz. per can)	58-59	____ Fifths	9-10	____ Fifths
____ Bottles	60-61	____ Glasses	11-12	____ Quarts
(____ oz. per bottle)	62-63	(____ oz. per glass)	13-14	____ Shots
____ Six Packs	64-65	____ Other		(____ oz. per shot)
(____ oz. per can)	66-67	(SPECIFY ____		____ Drinks
____ Glasses	68-69	____)	15-16	(____ oz. per drink)
(____ oz. per glass)	70-71			
____ Quarts	72-73			
____ Other				
(SPECIFY ____				
____)	74-75			

355

BLANK PAGE

BLANK PAGE

BLANK PAGE

A. About how long would a period *last* when you drank heavily—I mean, on the *average*, how many days, months, or years?

No. of days ____
or
No. of months ____
or
No. of years ____

B. About *how many times* during the four years did you have a period of heavy drinking—even if it was longer or shorter than that average time?

No. of times ____

65. What about the times during these 4 years when you were drinking but *not* drinking heavily—about how much beer, wine, or liquor did you drink on a *typical* day?

RECORD ALL BEER, WINE, AND LIQUOR

BEER		**WINE**		**LIQUOR**
____ Cans	40-41	____ Quarts	60-61	____ Pints
(____ oz. per can)	42-43	____ Fifths	62-63	____ Fifths
____ Bottles	44-45	____ Glasses	64-65	____ Quarts
(____ oz. per bottle)	46-47	(____ oz. per glass)	66-67	____ Shots
____ Six Packs	48-49	____ Other		(____ oz. per shot)
(____ oz. per can)	50-51	(SPECIFY ____		____ Drinks
____ Glasses	52-53	____)	68-69	(____ oz. per drink)
(____ oz. per glass)	54-55			
____ Quarts	56-57			
____ Other				
(SPECIFY ____				
____)	58-59			

66. Often people report that drinking has created serious problems in their lives. During any of these periods when you were drinking, did your drinking have a harmful effect on your family or home life?

Yes [ASK A] 1
No 2

A. What exactly happened, and when? Did your wife leave you or threaten to leave you? Did you have a lot of fights or arguments, or what?

RECORD VERBATIM

____ From ____ ____
Month Year
To ____ ____
Month Year

____ From ____ ____
Month Year
To ____ ____
Month Year

____ From ____ ____
Month Year
To ____ ____
Month Year

67. During (that/any of the) period(s) when you were drinking in those 4 years, did drinking have a harmful effect on your health? That is, did you have any illnesses or accidents that were related to drinking?

Yes [ASK A] 1
No. 2

A. What exactly were the problems and when did they happen?

RECORD VERBATIM

____ From ____ ____
Month Year
To ____ ____
Month Year

____ From ____ ____
Month Year
To ____ ____
Month Year

____ From ____ ____
Month Year
To ____ ____
Month Year

68. During (that/any of the) period(s) when you were drinking, did drinking have a harmful effect on your job—things like missing work because of drinking, getting fired, or losing out on a job opportunity or a raise?

Yes (ASK A)	1
No	2
Didn't work	3

A. What exactly happened and when?

RECORD VERBATIM

________ From ____ Month ____ Year
To ____ Month ____ Year

________ From ____ Month ____ Year
To ____ Month ____ Year

________ From ____ Month ____ Year
To ____ Month ____ Year

69. Were there any times during the period from 1973 to 1976 when you were arrested or got into trouble with the law because of drinking?

Yes (ASK A)	1
No	2

A. What exactly happened and when?

RECORD VERBATIM. IF MORE THAN 3, LIST THE MOST RECENT.

________ From ____ Month ____ Year
To ____ Month ____ Year

________ From ____ Month ____ Year
To ____ Month ____ Year

________ From ____ Month ____ Year
To ____ Month ____ Year

70. Have you ever attended any AA meetings?

Yes (ASK A & B)	1
No	2

A. About how long ago did you last attend an AA meeting?

Today	1
Days	______
Weeks	______
Months	______
Years	______

B. How often (do/did) you attend AA meetings (when you were going)—would you say . . .

Regularly	1
or, Occasionally	2

71. You'll recall I said we're talking to people like yourself who've had some contact with programs like (Name of ATC) . When you were there in 1973, did you receive any of the following kinds of help?

READ EACH ONE AND CODE ALL THAT APPLY

		Yes	No
A.	Individual counseling or therapy—where you talked with a therapist one-on-one alone	1	2
B.	Group counseling or therapy	1	2
C.	Family therapy—where you were seen together with your wife or other family members	1	2
D.	Lectures or educational sessions	1	2
E.	Antabuse	1	2
F.	Other medications	1	2
G	AA meetings	1	2
H.	Recreational therapy—things like sports, games, or field trips	1	2
I.	Occupational therapy—learning skills, trades, crafts, or hobbies	1	2
J.	Relaxation therapy—where they taught you ways to relax or relieve tension without using drugs or alcohol	1	2
K.	Counseling on getting jobs	1	2
L.	Counseling or advice on healthy diet and eating habits	1	2
M.	Did you stay overnight in the hospital or ward?	1	2
N.	Were you referred to another facility for help or treatment?	1	2
O.	Was there anything else? (SPECIFY ________ ________)	1	2

72. How much would you say the ________(Name of ATC)________ helped you– did it help you very much, somewhat, only a little, or didn't it help you at all?

Helped very much .... 1 } ASK A
Helped somewhat ..... 2 } ASK A
Helped only a little..... 3 } ASK A
Didn't help at all 4

A. In what ways was the ________(Name of ATC)________ most helpful?

RECORD VERBATIM

73. Have you gotten any help to stop or cut down your drinking besides help you may have gotten from ____(Name of ATC)____ or AA?

Yes [ASK A-B] 1
No [GO TO Q. 74] 2

A. How long ago was the last time?

________ Month ________ Year

B. What type of place was that–was it a . . .

Hospital, mental health clinic, or alcohol counseling center 1
A private physician 2
A boarding home or mission ... 3
Or, some other place (SPECIFY
________________) 4

IF YEAR GIVEN IN 'A' WAS 1972 OR EARLIER, SKIP TO 'D'

C. Have you gotten any other help since the beginning of 1973 besides that?

Yes [ASK 1 and 2] 1
No [GO TO D] 2

[1] How many other places? No. of places________________

[2] What type of (place was that/places were those)?

CODE ALL THAT APPLY

A hospital, mental health clinic, or alcohol counseling center 1
A private physician 2
A boarding home or mission 3
Or, some other place (SPECIFY
________________) 4

BEST COPY AVAILABLE

358

D. What about before 1973–did you ever get any other help?

Yes [ASK 1 and 2] 1
No. 2

[1] How many other places? No. of places ________________

[2] What type of (place was that/places were those)?

CODE ALL THAT APPLY

A hospital, mental health clinic, or alcohol counseling center 1
A private physician 2
A boarding home or mission 3
Or, some other place (SPECIFY
________________) 4

74. What was your one *major* source of financial support last month, that is the month of ________________?

RECORD VERBATIM AND CODE ONE

Job(s) 01
Spouse 02
Alimony/child support 03
Family or friends 04
Public assistance (welfare/SSI) ... 05
Pension (include Social Security) . 06
Insurance (include Workman's Compensation, Unemployment Insurance) 07
Savings/investments 08
Other (SPECIFY________________
________________) 09

75. What was the total income before taxes that *you earned* from your job(s) in the last month?

Amount $________________
None 1

358

76. What was the approximate total income you *earned* from jobs during 1976, before taxes? Just look at this card and tell me.

USE GREEN CARD

A.	Less than $1,000	01
B.	$1,000-$1,999	02
C.	$2,000-$2,999	03
D.	$3,000-$3,999	04
E.	$4,000-$4,999	05
F.	$5,000-$5,999	06
G.	$6,000-$6,999	07
H.	$7,000-$7,999	08
I.	$8,000-$8,999	09
J.	$9,000-$9,999	10
K.	$10,000-$11,999	11
L.	$12,000-$13,999	12
M.	$14,000-$15,999	13
N.	$16,000-$18,999	14
O.	$19,000-25,999	15
P.	$26,000-$50,000	16
Q.	Over $50,000	17

77. What was the approximate *total* income of your *household* in 1976, before taxes? I mean income from *all* sources—including social security, family or friends, public assistance, or any other source.

INCLUDE INCOME FROM ALL SOURCES

USE GREEN CARD

A.	Less than $1,000	01
B.	$1,000-$1,999	02
C.	$2,000-$2,999	03
D.	$3,000-$3,999	04
E.	$4,000-$4,999	05
F.	$5,000-$5,999	06
G.	$6,000-$6,999	07
H.	$7,000-$7,999	08
I.	$8,000-$8,999	09
J.	$9,000-$9,999	10
K.	$10,000-$11,999	11
L.	$12,000-$13,999	12
M.	$14,000-$15,999	13
N.	$16,000-$18,999	14
O.	$19,000-25,999	15
P.	$26,000-$50,000	16
Q.	Over $50,000	17

78. How often do you attend religious services—would you say . . .

Regularly	1
Occasionally	2
Rarely	3
or, Never	4

79. What is your religious preference?

Protestant [ASK A]	1
Catholic	2
Jewish	3
Other (SPECIFY ________ ______) [ASK A]	4
None	5

A. Which denomination or group is that?

RECORD VERBATIM AND CODE

Methodist	01
Presbyterian	02
Lutheran	03
Baptist	04
Episcopalian	05
Congregationalist	06
Jehovah's Witness	07
Seventh-Day Adventist	08
Disciple of Christ	09
Church of Christ	10
Latter-Day Saints, Mormon	11
Pentecostal	12
Unitarian	13
Black Muslim	14
Other (SPECIFY ______ ________________)	15
No specific denomination	16

0. What do you consider to be your main racial or ethnic group?

RECORD VERBATIM AND CODE.

White	1
Black	2
Asian-American	3
Mexican-American	4
Puerto Rican	5
Other Spanish-American	6
American Indian/Alaskan Native	7
Other (SPECIFY ____________)	8

Now I would like you to answer some questions by yourself about your general attitudes and interests. Here they are. Please read the written instructions carefully and circle the answers you feel come closest to you.

GIVE THE RESPONDENT THE SELF-ADMINISTERED FORM

RECORD TIME INTERVIEW ENDED

TIME ENDED ____________ a.m.

____________ p.m.

CHECK THE FRONT COVER AND INDICATE BELOW IF RESPONDENT IS IN GROUP A OR B.

Group A. . . . 1 → **READ CONSENT FORM A AND ADMINISTER SM-7 BREATH TEST**

Group B. . . . 2 → **READ CONSENT FORM B AND ADMINISTER SM-7 BREATH TEST**

RECORD CASE NUMBER AND EXACT TIME OF BREATH TEST, BELOW, AND ON THE SM-7 BOX.

TIME BREATH TEST WAS ADMINISTERED ____________ a.m.

____________ p.m.

CONSENT FORM A

Johns Hopkins University, in cooperation with The Rand Corporation, is conducting interviews with people who have had some contact with programs like ________________, as part of a national study sponsored by the Department of Health, Education, and Welfare.

Each person who is interviewed is also asked to take a breath test which measures alcohol content in the body. These tests are needed to show how exact or accurate people are when they give estimates of their drinking. We are also asking people who have been abstaining to take the test. We will pay you $5.00 to compensate you for taking the test.

Participation in the test is voluntary; you may refuse or withdraw at any time. The test takes about 1 minute. It involves blowing up a balloon which captures air in a glass collection tube. You will have to blow hard, but there is no discomfort. We then send the tube to a laboratory that analyzes it and determines the results. The test results will be completely confidential. The test will be identified only by a code number, never by your name, so your particular test will never be divulged to anyone. Neither the laboratory that analyzes it nor the research staff will know the identity of the person who took the test.

Your participation is very important to us. You will be helping us to be sure that we have scientifically accurate information for our study.

I HAVE READ AND I UNDERSTAND THE ABOVE INFORMATION AND AGREE TO PARTICIPATE IN THE TEST.

Name ______________________________ Signature ______________________________
(Please print name)

Date ______________________________

CLIENT INTERVIEW

I HAVE READ THE INFORMATION PROVIDED ON THIS FORM AND AGREE TO PARTICIPATE IN THE BREATH TEST, BUT I PREFER NOT TO SIGN MY NAME ON THIS FORM.

☐ CHECK HERE TO INDICATE YOU HAVE READ THE INFORMATION AND AGREE TO PARTICIPATE.

CLIENT INTERVIEW

CONSENT FORM B

Johns Hopkins University, in cooperation with The Rand Corporation, is conducting interviews involving people who have had some contact with programs like ______________ ______________, as part of a national study sponsored by the Department of Health, Education, and Welfare.

Each person who is interviewed is also asked to take a breath test which measures alcohol content in the body. These tests are needed to show how exact or accurate people are when they give estimates of their drinking. We are also asking people who have been abstaining to take the test. We will pay you $5.00 to compensate you for taking the test.

Participation in the test is voluntary; you may refuse or withdraw at any time. The test takes about 1 minute. It involves blowing up a balloon which captures air in a glass collection tube. You will have to blow hard, but there is no discomfort. We then send the tube to a laboratory that analyzes it and determines the results. The test results will be completely confidential. The test will be identified only by a code number, never by your name, so your particular test will never be divulged to anyone. Neither the laboratory that analyzes it nor the research staff will know the identity of the person who took the test.

If you agree, we would also like to come back in about a week to give you a second breath test and a 5-minute questionnaire about your drinking during the days before that. We will pay you an additional $5.00 for taking the second test.

Your participation is very important to us. You will be helping us to be sure that we have scientifically accurate information for our study.

I HAVE READ AND I UNDERSTAND THE ABOVE INFORMATION AND AGREE TO PARTICIPATE IN THE TEST.

Name ______________________ Signature ______________________
(Please print name)

Date ______________________

CLIENT INTERVIEW

CONSENT FORM C

Johns Hopkins University, in cooperation with the Rand Corporation, is conducting interviews with people who have had some contact with programs like ______________________________, as part of a national study sponsored by the Department of Health, Education and Welfare.

There are two additional parts to the study that we would like you to participate in:

1. Each person who is interviewed is also asked to take a breath test which measures alcohol content in the body. These tests are needed to show how exact or accurate people are when they give estimates of their drinking. We are also asking people who have been abstaining to take the test. We will pay you $5.00 to compensate you for taking this test.

   Participation in the test is voluntary; you may refuse or withdraw at any time. The test takes about 1 minute. It involves blowing up a balloon which captures air in a glass collection tube. You will have to blow hard, but there is no discomfort. We then send the tube to a laboratory that analyzes it and determines the results. The test results will be completely confidential. The test will be identified only by a code number, never by your name, so your particular test will never be divulged to anyone. Neither the laboratory that analyzes it nor the research staff will know the identity of the person who took the test.

2. The second part of the study involves a 20-minute interview with someone who knows you well. There are many different ways to look at drinking. We appreciate what you have told us about how you see it. We would like your permission to talk with someone else who knows you pretty well and who can talk to us about your drinking and the other things we asked you about. A second point of view is very important to validate our study.

   We want to assure you that nothing you told us will be revealed to that person. What they tell us, and what you tell us, is strictly confidential. Their interview, like yours, will be identified only by a code number, and names will never be used or revealed to the treatment center, to any government agency, or anyone else.

CLIENT INTERVIEW

CONSENT FORM C—continued

Before I contact the other person, I would like you to tell them that I will be talking with them about you. But please do not discuss the interviews; it might hamper the study or interfere with your relationship with that person if you discuss the interviews with anyone else.

Of course, participation is voluntary; you may refuse or withdraw from this part of the study at any time, and you will still receive the payments for the other parts you have done.

Your participation is very important to our study. You will be helping us to be sure that we have heard more than one point of view and that we have the best scientifically accurate information available.

I HAVE READ AND I UNDERSTAND THE ABOVE INFORMATION AND AGREE TO PARTICIPATE IN THE BREATH TEST.

Name ____________________ Signature ____________________ Date ____________
(Please print name)

I HAVE READ AND I UNDERSTAND THE ABOVE INFORMATION AND AGREE TO THE INTERVIEW WITH ANOTHER PERSON.

Signature ____________________________ Date ____________________________

PLEASE DESIGNATE A PERSON WHO KNOWS YOU WELL, AND A SECOND PERSON IN CASE THE FIRST PERSON IS NOT AVAILABLE. PLEASE PRINT.

	First Person	Second Person
Name		
Address		
Telephone		

PLEASE NOTE: If you should decide later that you don't want us to come back or to talk to one of the persons you named, you can call our office number and tell us you want to withdraw. We will not contact either person you named until two days after today.

A

INTERVIEWER OBSERVATIONS

FILL IN ITEMS BELOW AFTER YOU LEAVE THE HOUSEHOLD

a. Did the respondent show any signs of being under the influence of alcohol during the interview?

Yes, definitely	1
Yes, possibly	2
No, probably not	3
No, definitely not	4

b. Is English the respondent's native language?

Yes	1
No	2

c. Any drinking during interview?

CODE ALL THAT APPLY

None	1
Soft Drinks/Fruit Juice	2
Tea/Coffee	3
Beer	4
Wine	5
Whiskey/Other hard liquor	6
Water	7
Other (SPECIFY ______________)	8

d. Which of the following, if any, did the respondent exhibit during the interview?

CODE ALL THAT APPLY

1.	Difficulty balancing while standing	1
2.	Swaying or appearing uncoordinated while walking	2
3.	Redness or flushing of the skin	3
4.	Sleepiness	4
5	Definite, unmistakable odor of alcohol on breath	5
6.	Being confused, perplexed, or disoriented	6
7.	Frequent memory lapses (forgetting what was just asked, what he just said, etc.)	7
8.	Slurring speech	8
9.	Failing to finish sentences	9
10.	Jumping from one thought to another unrelated thought	10

B

e. To what extent did the respondent have trouble grasping the sense of a question?

No trouble	1
Some trouble	2
Moderate trouble	3
A lot of trouble	4

f. What was the appearance of the respondent's hands?

Steady	1
Fine tremor	2
Gross tremor	3

g. Location of interview:

Respondent's home or apartment	1
Rooming house/halfway house	2
Welfare hotel/flop house	3
Street/park/outside	4
Bar/restaurant	5
Respondent's office/on the job	6
Interviewer's car/home	7
Other (SPECIFY ______________)	8

h. Did the client complete the self-administered form?

Yes	1
No [ANSWER 1]	2

[1] Why not? ______________

i. Did the client do the first BAC?

Yes	1
No [ANSWER 1]	2

[1] Why not? ______________

ANSWER FOR ALL THOSE ASSIGNED TO GROUP B ONLY

j. Did the client give his consent for a second BAC?

Yes [ANSWER 1]	1
No	2

[1] Why not? ______________

CLIENT INTERVIEW

C

ANSWER FOR ALL THOSE ASSIGNED TO GROUP C ONLY

k. Did the client give his consent for a collateral to be contacted?

Yes [ANSWER 1] . 1

No [SKIP TO 2] . . 2

[1] Number of names given: ____________ If none, enter '0'

[2] Why not? ______________________________

INTERVIEWER NUMBER: ________

INTERVIEWER'S SIGNATURE: ______________________________

BEST COPY AVAILABLE

OMB No: 68-S77006
Expires December 31, 1977

CASE # ☐☐☐☐

ATTITUDES AND INTERESTS

Self-Administered Form

SELF-DESCRIPTION

Here is a list of statements that a person might use to describe himself. Please read each statement and decide whether or not it describes you. If you agree with the statement or feel that it describes you, circle TRUE; if you disagree with a statement or feel it does not describe you, circle FALSE.

		True	False
1.	I find that I can think better when I have the advice of others.	1	2
2.	Often I stop in the middle of one activity in order to start something else.	1	2
3.	I delight in feeling unattached.	1	2
4.	I am careful to consider all sides of an issue before taking action.	1	2
5.	Family obligations make me feel important.	1	2
6.	I often say the first thing that comes into my head.	1	2
7.	People who try to regulate my conduct with rules are a bother.	1	2
8.	I am pretty cautious.	1	2
9.	I would feel lost and lonely roaming around the country alone.	1	2
10.	When I go to the store, I often come home with things I had not intended to buy.	1	2
11.	I could live alone and enjoy it.	1	2
12.	Rarely, if ever, do I do anything reckless.	1	2
13.	I respect rules because they guide me.	1	2
14.	Many of my actions seem to be hasty.	1	2
15.	I would not mind living in a very lonely place.	1	2
16.	Emotion seldom causes me to act without thinking.	1	2
17.	Adventures where I am on my own are a little frightening to me.	1	2
18.	I have often broken things because of carelessness.	1	2
19.	I would like to be alone and my own boss.	1	2
20.	I have a reserved and cautious attitude toward life.	1	2
21.	I like to do whatever is proper.	1	2
22.	Most people feel that I act impulsively.	1	2
23.	My thinking is usually careful and purposeful.	1	2

		True	False
24.	I would like to have a job in which I didn't have to answer to anyone.	1	2
25.	I usually try to share my problems with someone who can help me.	1	2
26.	Sometimes I get several projects started at once because I don't think ahead.	1	2
27.	I don't want to be away from my family too much.	1	2
28.	I am quite independent of the opinions of others.	1	2
29.	I find that thinking things over very carefully often destroys half the fun of doing them.	1	2
30.	I am not one of those people who blurt out things without thinking.	1	2
31.	My greatest desire is to be independent and free.	1	2
32.	I generally rely on careful reasoning in making up my mind.	1	2

ATTITUDES AND FEELINGS

The following statements have to do with your feelings, beliefs, and behavior. For each statement, select one answer that is best for you and circle the number under that answer. There are no right or wrong answers to these statements.

	Never/Very Rarely	Rarely	Occasionally	Frequently	Very Frequently/ Always
1. I feel inferior to the people I know.	1	2	3	4	5
2. I feel so down-in-the-dumps that nothing can cheer me up.	1	2	3	4	5
3. My nerves seem to be on edge.	1	2	3	4	5
4. I expect things to turn out for the best.	1	2	3	4	5
5. My mood remains rather constant, neither going up or down.	1	2	3	4	5
6. I am free of inferior feelings.	1	2	3	4	5
7. Things have worked out well for me.	1	2	3	4	5
8. I relax without difficulty.	1	2	3	4	5
9. I have the feeling that the people I know are better than I am.	1	2	3	4	5
10. The future looks so gloomy that I wonder if I should go on.	1	2	3	4	5
11. I have difficulty trying to calm down.	1	2	3	4	5
12. I am optimistic.	1	2	3	4	5
13. I stay on an even keel emotionally.	1	2	3	4	5
14. I think I am just as good as the people I know.	1	2	3	4	5
15. When I look back, I think that life has been good to me.	1	2	3	4	5
16. I am free of tension.	1	2	3	4	5
17. I expect the worst to happen.	1	2	3	4	5

For the following statements, choose the answer that is best for you and circle the number under that answer for each statement. Again, there are no right or wrong answers.

	Definitely	Probably Yes	Probably Not	Definitely Not
18. I am inclined to be pessimistic.	1	2	3	4
19. I shift a great deal between high spirits and low spirits.	1	2	3	4
20. My moods change quickly and easily.	1	2	3	4

THOUGHTS ABOUT OTHER PEOPLE

The following statements concern your attitudes and beliefs about yourself and other people, society, and drinking. Read each item and decide whether you generally agree or disagree with the statement. Circle your answer to the right of each question. This is a measure of personal beliefs. There are no right or wrong answers.

		Agree	Disagree
1.	Real friends are as easy to find as ever.	1	2
2.	People's misfortunes result from the mistakes they make.	1	2
3.	Getting a good job depends mainly on being in the right place at the right time.	1	2
4.	It's all right for a young man to get drunk once in a while.	1	2
5.	Most people seldom feel lonely.	1	2
6.	In the long run people get the respect they deserve in this world.	1	2
7.	Most of the time I can't understand why politicians behave the way they do.	1	2
8.	When I make plans, I am almost certain that I can make them work	1	2
9.	I question the morals of a man who spends a lot of time in a bar.	1	2
10.	There are few dependable ties between people any more.	1	2
11.	In my case getting what I want has little or nothing to do with luck.	1	2
12.	I have usually found that what is going to happen will happen, no matter what I do.	1	2
13.	How many friends you have depends upon how nice a person you are.	1	2
14.	A woman with children should never get drunk.	1	2
15.	Getting people to do the right things depends upon ability, luck has little or nothing to do with it.	1	2
16.	No matter how hard you try some people just don't like you.	1	2
17.	In the long run the bad things that happen to us are balanced by the good ones.	1	2
18.	The way things are now, a person has to look out pretty much for himself.	1	2

	Agree	Disagree
19. Even a family man is entitled to get drunk.	1	2
20. The average citizen can have an influence in government decisions.	1	2
21. People are lonely because they don't try to be friendly.	1	2
22. Many times I feel that I have little influence over the things that happen to me.	1	2
23. Most people are not really sincere in their relations with others.	1	2
24. I admire a girl who can drink right along with men.	1	2
25. Sometimes I feel that I don't have enough control over the direction my life is taking.	1	2
26. Without the right breaks a person cannot be an effective leader.	1	2

OMB No. 68-S77006
Expires December 31, 1977

ATC FOUR-YEAR FOLLOWUP STUDY
COLLATERAL INTERVIEW

June 1977

The Rand Corporation
Santa Monica, California

COLLATERAL INTERVIEW

CONSENT FORM D

Johns Hopkins University, in cooperation with The Rand Corporation, is conducting interviews about drinking practices, as part of a national study sponsored by the Department of Health, Education, and Welfare. We have been talking to____________________________ about his life now and his drinking, and he gave us permission to talk to you about him. He told us that you know him well and that you know about his drinking.

We are very interested in your point of view on how____________________________ is doing now—the good and the bad things that have been happening in his life. We would like to talk with you for about 20 minutes about his life, his family, his work, and his drinking. If you participate, you will be helping us in a scientific study of drinking and its effects.

Of course, participation is voluntary; you may refuse or withdraw from the study at any time. During the interview, you may omit any questions that you don't wish to answer. Your opinions are very important to us, and we will treat your answers as strictly confidential. We will not reveal your answers to______________________or to anyone else. Our findings will be reported in summary form only; no names of individuals will be used. Our interview records are kept with a code number, not identified by name, and will be seen only by our research team; they will never be identified to anyone else. We are asking everyone who participates in these interviews not to discuss their answers with anyone. It might hamper the study, or interfere with your relationship with______________________ , if you discuss the interviews.

Your participation is very important to our study. You will be helping us to be sure that we have the best information available for a careful scientific study.

I HAVE READ AND I UNDERSTAND THE ABOVE INFORMATION AND I AGREE TO PARTICIPATE.

Name ______________________ Signature __________________________ Date __________
(Please print name)

ATC FOUR-YEAR FOLLOWUP STUDY
COLLATERAL INTERVIEW

Case# ☐☐☐☐

DATE ______________
Month/Day/Year

TIME STARTED _______ a.m.
_______ p.m.

1. What is your relationship to Mr. ________________?
(client's name)

RECORD VERBATIM AND CODE ONE

Wife	01
Common-law wife	02
Girlfriend	03
Other relative	04
Friend	05
Co-worker	06
Clergyman	07
Landlady/Landlord	08
Alcohol Counselor or Therapist	09
Social Worker/Other Therapist	10
Other (SPECIFY ______________________)	11

CIRCLE ONE CODE: ASK IF NECESSARY:

2. Are you now living in the same household with Mr. ______________?

Yes [ASK A]	1
No [GO TO B]	2

IF YES:

A. How long have you lived in the same household?

No. of Years ____________
and
No. of Months ____________

BEST COPY AVAILABLE

IF NO:

B. Have you *ever* lived in the same household with Mr. ____________ ?

Yes 1
No. 2

3. About how often do you usually (see/get together with) Mr. ______________ ? Would you say . . .

Every day 1
5 or 6 days a week 2
3 or 4 days a week 3
1 or 2 days a week 4
or, Less than once a week. . 5

4. How long have you known Mr. ______________________ ?

No. of months ____________
and
No. of years ____________

Now I'd like to ask you some questions about Mr. ______________ 's work.

5. At the present time, does he have a full-time job, a part-time job, does he work at odd jobs, or is he unemployed?

Full-time job 1
Part-time job. 2
Works at odd jobs 3
Unemployed 4
Don't know 8

6. About how many days did he work in the last 30 days? **USE CALENDAR**

No. of days ______________
Don't know 88

IF NOT CURRENTLY WORKING, USE ALTERNATE WORDING:

7. What kind of work (does/did) Mr. ____________________ do (most recently in the past 12 months)? **PROBE**

____
OCCUPATION

Didn't work in past 12 months
[SKIP TO Q. 10] 1
Don't know 8

8. As far as you know, (does/did) he work pretty steadily or (does/did) he miss work fairly often?

(Works/worked) pretty steadily	1
(Misses/missed) work fairly often [ASK A]	2
Don't know	8

A. What (is/was) the main reason that he (misses/missed work)?

RECORD VERBATIM

9. As far as you know, has he been laid off from a job, or otherwise lost a job, in the past 12 months?

Yes, laid off [ASK A]......	1
Yes, lost a job [ASK A] ...	2
No	3
Don't know	8

A. What was the main reason for his (being laid off/losing that job)?

RECORD VERBATIM

Now, some questions about Mr. ________________'s family and friends.

IF SPOUSE, CIRCLE APPROPRIATE CODE WITHOUT ASKING QUESTION.

10. Is he now legally married, widowed, divorced, separated, does he have a common-law wife, or has he never been married?

Married	1
Widowed	2
Divorced	3
Separated	4
Common-law wife	5
Never married	6
Don't know	8

11. About how many close friends does Mr.________________have at the present time—people he feels at ease with and can talk to about what's on his mind? You may include people who live with him or relatives.

No close friends [GO TO Q. 15]	1
One close friend [ASK Q. 12]	2
2 or more close friends. No. of close friends [GO TO Q. 13]:	__________
Don't know [GO TO Q. 15]	8

IF ONLY ONE CLOSE FRIEND, ASK:

12. Does his close friend drink at all?

Yes [ASK A]	1
No [GO TO Q. 15]	2

A. Is this close friend a *heavy* drinker at the present time?

Yes [GO TO Q. 15]	1
No [GO TO Q. 15]	2

IF MORE THAN ONE CLOSE FRIEND ASK:

13. How many of these close friends are heavy drinkers at the present time?

No. of heavy drinkers ______________

14. About how many of these close friends do not drink at all, at the present time?

No. of abstainers ________________

15. How would you say things are going with Mr.____________'s home life or marriage, at the present time? Would you say things are going very well, fairly well, or not very well?

Very well	1
Fairly well	2
Not very well	3
(Is not married/has no home life)	4
Don't know	5

Now I have some questions about Mr. _______________'s drinking.

16. As far as you know, when was the last time he drank any alcoholic beverage like beer, wine, or liquor, even if it was only a little?

Month _______________ } GO TO Q. 17
Day _______________ } GO TO Q. 17
Year _______________ } GO TO Q. 17
Don't know [ASK A] 8

A. As far as you know did he drink in the past 12 months?

Yes [ASK B] 1
No [SKIP TO Q. 27] 2
Don't know [SKIP to Q.27]..... 8

B. What month was that?

Month _______________
Don't know [SKIP TO Q. 23] ... 88

IF DATE OF LAST DRINK WAS OVER 1 YEAR AGO SKIP TO Q. 27

17. Now I have some more detailed questions about Mr. _______________'s drinking. Think about the 30 days before his last drink, including the day of his last drink—that would be from ___________ to ___________.

IF RESPONDENT CAN NAME A MONTH BUT NOT A DAY, USE THE NAMED CALENDAR MONTH AS THE 30-DAY PERIOD.

On about how many days would you say he drank any alcoholic beverage during that 30-day period?

IF RESPONDENT *CANNOT* ESTIMATE NO. OF DAYS, HAND ORANGE CARD AND SAY:
Just look at this card and give me your best guess.

No. of days _______________
Don't know 88

18. On about how many days during that same period did you actually see him drink—that is—on about how many days were you with him and able to observe him drinking?

IF RESPONDENT *CANNOT* ESTIMATE NO. OF DAYS, HAND ORANGE CARD AND SAY:
Just look at this card and give me your best guess.

No. of days _______________

BEST COPY AVAILABLE

19. During that 30-day period did he drink beer, ale, or any other malt beverage, such as malt liquor?

Yes [ASK A-E] 1
No [GO TO Q. 20] 2
Don't know [GO TO Q. 20]. 8

A. During those 30 days, on about how many days would you say he drank beer or any other malt beverage?

IF RESPONDENT *CANNOT* ESTIMATE NO. OF DAYS, HAND ORANGE CARD AND SAY:
Just look at this card and give me your best guess.

No. of days ________________
Don't know 88

B. On a *typical* day when he drank beer or any other malt beverage, about how much did he drink?

RECORD VERBATIM AND ENTER AMOUNTS

Number of units
__________ Cans
__________ Bottles
__________ Six packs
__________ Glasses
__________ Quarts
__________ Other (SPECIFY
____________________)
Don't know 8

C. During that period, did he ever drink

10 cans
10 bottles
10 glasses
4 quarts
} or more in one day?

Yes [ASK D & E] 1
No [GO TO E] 2
Don't know [GO TO E] . 8

D. On how many days during that period, did he drink?

10 cans
10 bottles
10 glasses
4 quarts
} or more?

No. of days __________
Don't know 88

E. What is the name of the brand, or brands, he usually drinks?

RECORD VERBATIM

Don't know 88

20. Did he drink wine during that 30-day period?

Yes [ASK A-F] 1
No [GO TO Q. 21] 2
Don't know [GO TO Q. 21] 8

A. About how many days during that period did he drink wine?

IF RESPONDENT *CANNOT* ESTIMATE NO. OF DAYS, HAND ORANGE CARD AND SAY: Just look at this card and give me your best guess.

No. of days ____________
Don't know 88

B. On a ***typical*** day when he drank wine, about how much wine did he drink?

RECORD VERBATIM AND ENTER AMOUNTS

Number of units
____________ Quarts
____________ Fifths
____________ Wine glasses
____________ Water glasses
____ ______ Other (SPECIFY
____________________)
Don't know 8

C. During that period did he ever drink two fifths of wine or more in one day?

Yes [ASK D-F] 1
No [GO TO E] 2
Don't know [GO TO E] 8

D. On how many days did he drink that much, or more, in the 30 day period?

No. of days ______________
Don't know 88

E. Does he ***usually*** drink a fortified wine like sherry or port?

Yes 1
No. 2
Don't know 8

F. What is the type or brand he usually drinks?

RECORD VERBATIM

Don't know 88

BEST COPY AVAILABLE

21. Did he drink any whiskey, gin, or other hard liquor during that 30-day period?

Yes [ASK A-H] 1
No [GO TO Q. 22] 2
Don't know [GO TO Q. 22] 8

A. About how many days during that period did he drink liquor?

IF RESPONDENT *CANNOT* ESTIMATE NO. OF DAYS, HAND ORANGE CARD AND SAY: Just look at this card and give me your best guess.

No. of days __________
Don't know 88

B. On a *typical* day when he drank liquor, about how much liquor did he drink?

RECORD VERBATIM AND ENTER AMOUNTS

__________ Pints
__________ Fifths
__________ Quarts
__________ Shots
__________ Drinks
Don't know 8

IF ANSWER IS IN NUMBER OF SHOTS:

C. About how many ounces are there in the shots he drinks?

No. of ounces __________
Don't know 88

IF ANSWER IS IN NUMBER OF DRINKS:

D. About how much liquor (does/did) he usually have in a drink?

No. of ounces __________
Don't know 88

E. During that period, did he ever drink a full pint of liquor or more in one day? That would be about 16 ounces.

Yes [ASK F-H] 1
No [GO TO G] 2
Don't know [GO TO G] 8

F. On how many days did he drink that much, or more, in the 30-day period?

No. of days __________
Don't know 88

G. How (does/did) he usually drink liquor—straight or with water or a mixer?
NOTE: CODE NON-MIXER COCKTAILS SUCH AS MARTINIS, MANHATTANS AS "1"

Straight 1
With water or mixer 2
Don't know 8

H. What is the type or brand of liquor he usually drinks?

RECORD VERBATIM

Don't know 88

IF DATE OF LAST DRINK WAS OVER 6 MONTHS AGO, SKIP TO Q. 27.

22. **What is the most Mr.____________ drank in a single day during the past 6 months—including all the beer, wine, or liquor that he drank? Estimate as closely as you can.**
RECORD ALL BEER, WINE, AND LIQUOR

BEER Number of units		**WINE** Number of units	BEGIN CARD03	**LIQUOR** Number of units
______ Cans	69-70	______ Quarts	7-8	__________ Pints
______ Bottles	71-72	______ Fifths	9-10	__________ Fifths
______ Six packs	73-74	______ Wine glasses	11-12	__________ Quarts
______ Glasses	75-76	______ Water glasses	13-14	__________ Shots
______ Quarts	77-78	______ Other (SPECIFY		__________ Drinks
______ Other (SPECIFY		____________)	15-16	
____________)	79-80			

Don't know 8

CARD03

23. Now I'd like to know whether certain things happened to Mr. _____________ during the past six months—that, is from ________ to today.

IF YES: A. How many days has this happened in the past 6 months?

CODE TOTAL NO. OF DAYS HERE or IF RESPONDENT *CANNOT* ESTIMATE NO. OF DAYS, HAND ORANGE CARD AND SAY: Just look at this card and give me your best guess. AND CODE HERE

Has he:	YES [ASK A]	I THINK YES	NO	DON'T KNOW		Total No. of Days	No. of Days per Month
Missed meals because of drinking?	1 [ASK A]	2	3	4	28		
Been drunk?	1 [ASK A]	2	3	4	29		
Had arguments or fights while drinking?	1 [ASK A]	2	3	4	30		
Had memory lapses or blackouts—times when he did something while drinking and couldn't remember it later?	1 [ASK A]	2	3	4	31		
Had the "shakes"?	1 [ASK A]	2	3	4	32		
Drunk alcohol on the job?	1 [ASK A]	2	3	4	33		
Had a drink as soon as he woke up?	1 [ASK A]	2	3	4	34		
Missed work or other activities because of drinking?	1 [ASK A]	2	3	4	35		
Gone on binges?	1 [ASK A]	2	3	4	36		

24. Overall, which choice on this card best fits Mr. ______________ 's drinking over the past 6 months? Choose the answer you feel comes closest.

HAND GOLD CARD

Abstaining	1
Almost abstaining (rarely drinking)	2
Social or moderate drinking	3
Fairly heavy drinking	4
Very heavy drinking	5
Problem drinking	6
Alcoholic drinking	7

25. During the past 6 months, has Mr. ______________ been arrested for drinking and driving?

Yes [ASK A]	1
No	2
Don't know	8

A. How many times during the past 6 months?

No. of times ______________

Don't know ______________ 98

26. During the past 6 months, was he ever in jail because of something connected with drinking?

Yes [ASK A]	1
No	2
Don't know	8

A. How many days during the past 6 months?

No. of days ______________

Don't know 98

27. During the past 6 months, has Mr. ______________ stayed overnight in a hospital, nursing home, or other medical facility?

Yes [ASK A & B]	1
No	2
Don't know	8

A. In the past 6 months, how many nights altogether did he stay overnight in places like that?

No. of nights ______________

Don't know 8

B. (Was that time/were any of those times) because of something connected with drinking?

Yes 1

No. 2

Don't know 8

28. As far as you know, has he had any serious physical problems or problems with his health during the past 6 months?

Yes [ASK A] 1

No 2

Don't know 8

A. What were they?

RECORD VERBATIM

29. Taking all things together, how would you say things are these days—would you say Mr. ________________ is very happy, pretty happy, or not too happy, these days?

Very happy 1

Pretty happy 2

Not too happy 3

Thank you very much. We appreciate your participation in this study.

Time ended: ______________ a.m.

______________ p.m.

THIS PAGE IS INTENTIONALLY BLANK

INTERVIEWER OBSERVATIONS

FILL IN THE ITEMS BELOW AFTER YOU LEAVE THE HOUSEHOLD

A. Location of interview:

CIRCLE APPROPRIATE CODE

Collateral's home or apartment 01
Client's home or apartment 02
Flop house/welfare hotel 03
Rooming house/halfway house 04
Street/skid row/park 05
Bar/restaurant 06
Office/on the job 07
Interviewer's car or home. 08
Other (SPECIFY ____________) 09

B. Was Mr. ___(client)___ in the dwelling?

There, in another room, during the interview 1
Not present 2
Other (SPECIFY ____________) 3

C. Sex of respondent:

Male 1
Female 2

D. Did respondent show any signs of being under the influence of alcohol during the interview?

Yes, definitely 1
Yes, possibly 2
No, probably not 3
No, definitely not 4

E. Any drinking during interview?

CIRCLE ALL THAT APPLY

None 1
Soft Drinks/Fruit Juice 2
Tea/Coffee 3
Beer 4
Wine 5
Whiskey/Other hard liquor 6
Water 7
Other (SPECIFY ____________) 8

F. Which of the following, if any, did the respondent exhibit during the interview?

CODE ALL THAT APPLY

1.	Difficulty balancing while standing	1
2.	Swaying or appearing uncoordinated while walking	2
3.	Redness or flushing of skin	3
4.	Sleepiness	4
5.	Definite, unmistakable odor of alcohol on breath	5
6.	Being confused, perplexed, or disoriented	6
7.	Frequent memory lapses (forgetting what was just asked, what he just said, etc.)	7
8.	Slurring speech	8
9.	Failing to finish sentences	9
10.	Jumping from one thought to another unrelated thought	10

G. To what extent did the respondent have trouble grasping the sense of a question?

No trouble	01
Some trouble	02
Moderate trouble	03
A lot of trouble	04

H. What was the appearance of the respondent's hands?

Steady	01
Fine tremor	02
Gross tremor	03

INTERVIEWER SIGNATURE ____________________

INTERVIEWER NUMBER ____________________

NATIONAL SURVEY OF ADOLESCENT DRINKING BEHAVIOR—1978

Author: Research Triangle Institute

Assessment Areas Covered: Alcohol consumption quantity/frequency, demographics, attitudes, drinking contexts, personality factors, adolescent drinking, perceived environment, drug use, tobacco consumption, behavioral aspects of drinking, consequences of alcohol and marijuana use, epidemiology, adolescent-directed questions

Administration: Self-administered (one class period or 45 minutes), voluntary, almost solely multiple choice, questionnaires identified by number and linked to name on separate file, administered to homeroom (or classroom); some items could be used for screening adolescents

Design Features: 104 multiple-choice items designed to survey adolescents.

Abstract: The two-volume Adolescent Drinking Behavior reports the major findings of the 1978 national study of adolescent drinking behavior conducted by the Research Triangle Institute for the National Institute on Alcohol Abuse and Alcoholism. Funding assistance was also provided by the National Institute on Drug Abuse. The study involved a nationwide sample of about 5,000 10th to 12th graders in the 48 contiguous States and 839 panel respondents who were 7th and 8th graders in the 1974 National Study of Adolescent Drinking Behavior, Attitudes and Correlates.

The nature and extent of adolescent alcohol use at the time of this study (spring 1978) were found to be remarkably similar to those in the 1974 study (spring 1974). In both studies, some experience with alcohol was almost universal for the 10th to 12th graders--about 89 percent in 1974 and 87 percent in 1978. Over 8 of 10 had "had drinks 2-3 times or more"--about 83 percent in 1974 and 81 percent in 1978. A large proportion drank frequently: in 1974 and 1978, respectively, about 29 and 27 percent drank once a week or more and about 64 and 62 percent drank once a month or more. Based on a quantity-frequency classification scheme developed for the 1974 study, about 51 percent in 1978 were classified in the abstainer, infrequent, or light drinker categories, and about 49 percent were classified in the moderate, moderate/heavier, or heavier drinker groups. Heavier drinkers, defined as drinking at least once per week and five or or more drinks per typical drinking occasion, comprised about 15 percent of the weighted respondent population.

Prevalence and level of alcohol use among the 10th to 12th grade population studied were related to several factors that have been reported as correlates of adolescent drinking in previous studies. Included among these are: parents' drinking (positive), personal religiosity (negative), age (positive), peers' drinking (positive), grades in school (negative), marijuana use (positive), and cigarette smoking (positive). Generally, black adolescents drank less than those in other ethnic groups; adolescents living in the northeastern and north-central regions drank more than those in the south and west regions. Even though most of the young people studied were under the legal drinking age, they reported alcoholic beverages as easily available. Contrary to some literature, socioecomonic status was not found to be related to drinking.

Next to alcohol, marijuana was by far the most popular drug used. It was estimated that slightly over 50 percent of all 10th to 12th graders in the contiguous States used marijuana at least once, with about 30 percent using the drug during the month prior to the survey. Frequent use of marijuana was strongly related to life-area problems associated with that use, such as school absences, problems with parents or friends, problems concentrating, and mood changes while using. Though it is apparent from the study data that marijuana and alcoholic beverages are not used as substitutes, the use of alcohol and the use of marijuana are highly correlated. Other drug use (ever used) ranged from a high of about 16 percent for stimulants to a low of slightly below 2 percent for heroin.

Based on an explicit definition of alcohol misuse using the criteria of frequency of drunkenness and experience of (perceived) alcohol-related negative consequences, about 3 of 10 study respondents were classified as alcohol misusers. The data revealed that a slightly higher proportion was in the misuser classification in 1978 than in 1974. Importantly, regardless of which criterion the respondents met, to be classified as alcohol misusers they experienced a relatively high frequency of alcohol-related negative consequences. Generally, the results of the two studies were consistent and in agreement with the literature in showing differences between users and misusers in several areas, including drinking behavior and personal and environmental correlates of drinking.

Related Published Reports:

Rachal, J.V.; Guess, L.L.; Hubbard, R.L.; Maisto, S.A.; Cavanaugh, E.R.; Waddell, R.; and Benrud, C.H. *Adolescent Drinking Behavior, the Extent and Nature of Adolescent Alcohol and Drug Use: The 1974 and 1978 National Sample Studies*. Vol. 1. Research Triangle Park, N.C.: Research Triangle Institute, 1980.

Jessor, R.; Donovan, J.E.; and Widmer, K. *Adolescent Drinking Behavior, Psychosocial Factors in Adolescent Alcohol and Drug Use: The 1978 National Sample Study, and the 1974 and 1978 Panel Study*. Vol. 2. Research Triangle Park, N.C.: Research Triangle Institute, 1980.

Donovan, J.E., and Jessor, R. Problem drinking and the dimension of involvement with drugs: A Guttman scalogram analysis of adolescent drug use. *American Journal of Public Health*, 73(5):543-552, 1983.

Rachal, J.V.; Maisto, S.A.; Guess, L.L.; and Hubbard, R.L. Alcohol use among youth. *Alcohol Consumption and Related Problems*, National Institute on Alcohol Abuse and Alcoholism. Alcohol and Health Monograph No. 1. DHHS Pub. No. 82-1190. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1982.

Maisto, S.A., and Rachal, J.V. Indications of the relationships among adolescent drinking practices, related behaviors, and drinking age laws. In: Wechsler, H., ed. *Minimum Drinking Age Laws*. Lexington, Mass.: Lexington Books, 1980.

Lowman, C.; Hubbard, R.L.; Rachal, J.V.; and Cavanaugh, E.R. Facts for planning, No. 5. Adolescent marijuana and alcohol use. *Alcohol and Health Research World*, 6(3):69-75, 1982.

Harford, T.C., and Mills, G.S. Age related trends in alcohol consumption. *Journal of Studies on Alcohol*, 39:207-210, 1978.

Lowman, C. Facts for planning, No. 1. Prevalence of alcohol use among U.S. senior high school students. DHHS Pub. No. 81-151. *Alcohol Health and Research World*, 6(1):29-40, 1981.

Donovan, J.E., and Jessor, R. Adolescent problem drinking. Psychosocial correlates in a national sample study. *Journal of Studies on Alcohol*, 39(9):1506-1524, 1978. Also reprinted in: Mayer, J., and Filstead, W.J., eds. *Adolescence and Alcohol*. Cambridge, Mass.: Ballinger, 1980.

Jessor, R.; Chase, J.A.; and Donovan, J.E. Psychosocial correlates of marijuana use and problem drinking in a national sample of adolescents. American Journal of Public Health, 70(6):604-613, 1980.

Availability Source: Thomas C. Harford, National Institute on Alcohol Abuse and Alcoholism, 5600 Fishers Lane, Rockville, Maryland 20857. The instrument is in the public domain and may be reproduced without permission.

DIRECTIONS

- This questionnaire is divided into sections though the questions are numbered consecutively throughout the booklet.
- You will not be timed on any section or group of questions. However, please do not skip around. Start with question 1 and go through all of the questionnaire.
- Please carefully read and follow all directions for each question.
- For most questions, we ask you to indicate your answer(s) by marking X's or filling in a number. For a small number of questions we ask you to write a few words. (Three examples are on the following page.)
- Mark one answer for each question or part of a question. Completely erase any answer you wish to change. When you have completed the questionnaire, put it in the envelope that has been given to you and seal the envelope.
- We think you will enjoy completing the questionnaire. If you have any questions about how to complete an item, raise your hand and the supervisor will help you.
- If you are no longer in school, you will be unable to answer a few questions. For these, please mark "NA" for "not applicable" by the question.

O.M.B. No. 685-77065
Approval Expires 6/78

A STUDY OF ADOLESCENT DRINKING BEHAVIOR AND ATTITUDES

Thank you for accepting the invitation to participate in the Study of Adolescent Drinking Behavior and Attitudes. This study is being conducted in schools across the nation to find out how students feel about drinking, drug use and other topics by asking questions about attitudes and behavior.

Some of you participated in a similar study conducted in 1974. You may have seen newspaper and magazine articles on that study when the results were released. Of the over 13,000 young people in the 1974 Study, 1,500 were chosen at random for a "longitudinal" study—that is, a study of the same people over time to see how they change. In addition, small groups of 10th, 11th, and 12th grade students from all parts of the nation who did not participate in the previous study were chosen at random as a comparison group.

Whether you were in the previous study or whether this is the first time you've participated, we very much appreciate your help. The answers you and other students provide will help us to better understand young people and to design better educational and other programs about alcohol drinking and the use of various drugs.

Your answers to these questions will be confidential. No one at the school will see your answers. Your name will never be associated with the answers you give. We ask that you not write your name in the booklet so the answers cannot be associated with your name. Your participation in this study is strictly voluntary, so you may skip any question or group of questions that you do not wish to answer.

This study is sponsored by the National Institute on Alcohol Abuse and Alcoholism and the National Institute on Drug Abuse of the U.S. Department of Health, Education, and Welfare and is being conducted by the Research Triangle Institute.

EXAMPLE 1

How old were you when your first brother or sister was born? ***Please X one blank or fill in the correct number.***

__4__ Years old

____ I have no younger brothers or sisters

EXAMPLE 2

What do you plan to do after high school? What do your friends plan to do after high school? ***Mark X on one blank line in each column.***

You	Your friends	
____	____	Probably will not finish high school
____	____	Go to a two-year college
____	____	Go to a four-year college
____	____	Take a one-year training course
____	X	Get a job
X	____	Other, *Please explain* Job training program
____	____	Don't know

EXAMPLE 3

How often do you: ***Mark X on one blank line in each row.***

Hardly ever	Sometimes	Often	Always	
X	____	____	____	feel free to talk to your friends about your personal problems?
____	X	____	____	feel your teachers take a really personal interest in you?
____	____	X	____	feel your parents are really trying to help you with your problems?
____	X	____	____	feel your principal or teachers are too strict on rules of conduct in school?

THE QUESTIONS IN THIS SECTION ASK YOU TO IDENTIFY YOURSELF—NOT BY NAME—BUT BY AGE, GRADE LEVEL, FAMILY BACKGROUND, ETC.

MARK X BY YOUR BEST ANSWER TO EACH QUESTION OR EACH PART OF A QUESTION.

1. In what month were you born?

___ January ___ February ___ March ___ April ___ May ___ June
___ July ___ August ___ September ___ October ___ November ___ December

2. In what year were you born?

___ 1955 ___ 1956 ___ 1957 ___ 1958 ___ 1959
___ 1960 ___ 1961 ___ 1962 ___ 1963 ___ 1964

3. Are you:

___ Male? ___ Female?

4. What grade (or level) are you in? ***Mark X on*** ***__one__*** ***blank line.***

___ 10th ___ 11th ___ 12th
___ Dropped out of high school before graduating
___ Other, *Please explain* ______________________________

5. What grades do you (or did you) usually get? ***Mark X on*** ***__one__*** ***blank line.***

___ Mostly A's (a numerical average of 90-100)
___ Mostly A's and B's (85-89)
___ Mostly B's (80-84)
___ Mostly B's and C's (75-79)
___ Mostly C's (70-74)
___ Mostly C's and D's (65-69)
___ Mostly D's and F's (64 and below)
___ Other, *Please explain* ______________________________

6. Please tell us if your family situation has changed in a major way during the past four years. *Please mark X for each statement that describes something that happened to you. Indicate the number of years and/or months ago this happened.*

____ Parents became seperated or divorced ______ years and/or ______ months ago.

____ Your father remarried ______ years and/or ______ months ago.

____ Your mother remarried ______ years and/or ______ months ago.

____ You got married ______ years and/or ______ months ago.

____ Your father died ______ years and/or ______ months ago.

____ Your mother died ______ years and/or ______ months ago.

____ Your brother died ______ years and/or ______ months ago.

____ Your sister died ______ years and/or ______ months ago.

____ Someone else close to you died ______ years and/or ______ months ago.
Would you please tell us how this person was related to you (aunt, uncle, etc.).

____

____ None of the above has happened to me during the past four years.

Questions 7, 8, and 9 refer to your parents. If you were raised by foster parents, stepparents, grandparents or some other person or persons, answer for them. For example, if you have both a stepfather and natural father, answer for the one who was most important in raising you.

7. How much education do your parents have? *Mark X on one blank line for the column headed "Father" and mark X on one blank line for the column headed "Mother."*

Father	Mother	
____	____	Did not complete the 8th grade.
____	____	Completed the 8th grade but did not go to high school.
____	____	Went to high school but did not graduate.
____	____	Graduated from high school.
____	____	Some college or special training after high school.
____	____	Graduated from college.
____	____	Some education after college, like graduate school, a master's degree, doctor's degree, medical school, law school, etc.
____	____	I don't know.
____	____	Does not apply.

8. **Please read the groups of occupations listed below very carefully. Though none of these descriptions may exactly describe what your parent does for a living, pick the one group that is the best answer.**

Mark X on one blank line that best describes your father's work under the column headed "Father" and then mark X on one blank line that best describes your mother's work under the column headed "Mother." If your mother works outside of the home 20 hours a week or more, place her in one of the paid-job categories only.

Father	Mother	
____	____	**APPRENTICE:** apprentice bricklayer, mechanic, plumber
____	____	**CLERICAL:** bank teller, bookkeeper, secretary, typist, mail carrier, ticket agent
____	____	**CRAFTSMAN:** baker, automobile mechanic, machinist, painter, plumber, telephone installer, carpenter
____	____	**FARMER, FARM MANAGER**
____	____	**FARM LABORER AND FOREMAN**
____	____	**HOMEMAKER OR HOUSEWIFE**
____	____	**LABORER:** car washer, lumberman, sanitation worker, fisherman
____	____	**MANAGER, ADMINISTRATOR:** sales manager, office manager, school administrator, buyer, restaurant manager, government official
____	____	**MILITARY:** career officer, enlisted man or woman in the armed forces
____	____	**OPERATIVE:** meat cutter; assembler; machine operator; welder; taxicab, bus, or truck driver; gas station attendant
____	____	**PROFESSIONAL:** accountant, artist, clergyman, dentist, physician, registered nurse, engineer, lawyer, librarian, teacher, writer, scientist, social worker, actor, actress
____	____	**PROPRIETOR OR OWNER:** owner of a small business, contractor, restaurant owner
____	____	**PROTECTIVE SERVICE:** detective, policeman or guard, sheriff, fireman
____	____	**SALES:** salesman, sales clerk, advertising or insurance agent, real estate broker
____	____	**SERVICE:** barber, beautician, practical nurse, private household worker, janitor, waiter
____	____	**TECHNICAL:** draftsman, medical or dental technician, computer programmer
____	____	**UNEMPLOYED**
____	____	**I DON'T KNOW**
____	____	**DOES NOT APPLY**
____	____	**OTHER** *Please explain.* ____

9. Please look over the list of religions on the right. Then mark X on one blank line which best indicates your father's religion, your mother's religion, and your religion. *Mark X on one blank line for each person.*

Father's	Mother's	Yours	
			Protestant
___	___	___	Baptist
___	___	___	Lutheran
___	___	___	Episcopal
___	___	___	Methodist
___	___	___	Presbyterian
___	___	___	Other Protestant. *Explain* ____________________ ____________________
___	___	___	Roman Catholic
___	___	___	Jewish
___	___	___	Mormon
___	___	___	Other religion, *Explain* ____________________ ____________________
___	___	___	Do not have a religion
___	___	___	I don't know
___	___	___	Does not apply.

10. How many times have you attended religious services during the last year?

___ More than once a week

___ About once a week

___ 2-3 times a month

___ About once a month

___ About every other month

___ Once or twice a year

___ Have not gone to religious services (church)

11. **We would like to know how important religion is to you in your daily life.** ***Please mark X on one blank line for each of the following five items to show how important each is to you. Mark X on one blank line in each row.***

How important is it for you:

Not Important	Slightly Important	Important	Very Important	
___	___	___	___	to be able to join and participate in religious youth programs?
___	___	___	___	to be able to rely on religious counsel or teaching when you have a problem?
___	___	___	___	to believe in God?
___	___	___	___	to be able to turn to prayer when you're facing a personal problem?
___	___	___	___	to attend religious services regularly?

12. **What is your racial/ethnic background?** ***Mark X on one blank line.***

___ American Indian or Alaskan Native
___ Asian or Pacific Islander
___ Black, not of Hispanic Origin
___ Hispanic
___ White, not of Hispanic Origin
___ Other, *Explain* ______________________

13. **In an average week, about how much money do you have available to spend as you wish?** ***Mark X on one blank line.***

___ None
___ Less than $2
___ About $2 to $3
___ About $4 to $6
___ About $6 to $10
___ More than $10

14. **If you had a serious decision to make—like whether or not to continue in school, or whether or not to get married—whose opinion would you value more, your parents' or your friends'?**

___ Parents' opinion
___ Parents' and friends' opinions equally
___ Friends' opinion
___ I don't know

15. **With regard to your present outlook on life—what's important to do and what's important to be—whose views have had a greater impact on you, your friends' or your parents?**

___ Parents' view
___ Parents' and friends' views equally
___ Friends' view
___ I don't know

THE QUESTIONS IN THIS SECTION ARE ABOUT YOU, YOUR FRIENDS, AND YOUR FAMILY AS YOU SEE THEM. WE ARE INTERESTED IN WHAT YOU FEEL TO BE TRUE RATHER THAN WHAT SOMEONE ELSE MIGHT GIVE AS THE "RIGHT" ANSWER.

AGAIN, YOUR "PARENTS" ARE THOSE YOU FEEL SERVE THE FUNCTION OF YOUR PARENTS WHETHER THEY ARE YOUR NATURAL PARENTS OR NOT.

18. **We would like to know how important each of the following is to you. There are no right or wrong answers. Just mark the one blank line which tells best how strongly you would like each to happen to you.** ***Mark X on one blank line in each row.***

How strongly would you like:

Neither like nor dislike	Like a little	Like	Like pretty much	Like very much	
___	___	___	___	___	to be able to decide for yourself how to spend your free time?
___	___	___	___	___	to get at least a B average?
___	___	___	___	___	to choose your own clothes and personal possessions without having to get advice from others?
___	___	___	___	___	to be free to use the money you have in whatever way you choose?
___	___	___	___	___	to be considered a bright student by your teachers?
___	___	___	___	___	to be free to make your own plans now about what you're going to do with your life?
___	___	___	___	___	to be thought of as a good student by the other students?
___	___	___	___	___	to come out near the top of the class on exams?
___	___	___	___	___	to be free to decide for yourself what movies to see or books to read?
___	___	___	___	___	to have good enough grades to go on to college if you want to?

17. **Listed below are phrases that could describe a person. Think of the kind of person you would like to be.** ***Then mark X on one blank line in each row to show how much you would like or dislike to be described by each phrase.***

How much would you like to be a:

Would dislike it very much	**Would dislike it somewhat**	**Neither like nor dislike**	**Would like it somewhat**	**Would like it very much**	
___	___	___	___	___	loving, affectionate person?
___	___	___	___	___	bold, confident person?
___	___	___	___	___	sympathetic person?
___	___	___	___	___	dominating person?
___	___	___	___	___	generous person?
___	___	___	___	___	competitive person?
___	___	___	___	___	self-controlled person?
___	___	___	___	___	sensitive person?
___	___	___	___	___	reasonable, rational person?
___	___	___	___	___	shy, reserved person?
___	___	___	___	___	ambitious person?

18. **We would like to know how you feel about each of the following. There are no right or wrong answers.** ***Mark X on one blank line which shows best how you feel about each statement.***

Strongly agree	**Agree**	**Neither agree nor disagree**	**Disagree**	**Strongly disagree**	
___	___	___	___	___	It is worse for a woman to drink than it is for a man.
___	___	___	___	___	It is important to me to look as attractive as I can to others.
___	___	___	___	___	It is worse for a girl to drink than it is for a boy.

19. We're interested in how wrong you think different kinds of action are. Most people think that something like murder is very wrong while something like bragging may be considered only a little bit wrong or not wrong at all. *Please show how wrong you think each action is by marking X on one blank line in each row.*

How wrong is it:

Not wrong	A little bit wrong	Wrong	Very wrong	
___	___	___	___	to smoke without your parents' permission?
___	___	___	___	to take little things that don't belong to you?
___	___	___	___	to go to a movie the night before a test?
___	___	___	___	to cause a disturbance in a movie theater even after having been asked to stop?
___	___	___	___	to skip school without a legitimate excuse?
___	___	___	___	to break into a place that is locked just to look around?
___	___	___	___	to damage public or private property that does not belong to you just for fun?
___	___	___	___	to lie to your parents about where you have been or whom you were with?
___	___	___	___	to beat up another kid without much reason?
___	___	___	___	to stay out all night without your parents' permission?
___	___	___	___	to take something of value from a store without paying for it?
___	___	___	___	to damage school property on purpose—like library books, or musical instruments, or gym equipment?
___	___	___	___	to deliberately ruin something your parents value after having an argument with them?

20. We'd like to know if and how you've changed during the past year or so. During this time, have you changed with respect to the following items? If so, how have you changed? ***Please mark X on one blank line for each statement.***

a. My ability to handle important decisions in my life.

____ Better ____ About the same ____ Worse

b. My ability to do the things I'm really interested in doing.

____ Better ____ About the same ____ Worse

c. My relationships with my friends of the same sex.

____ Closer ____ No change ____ Not as close

d. My school work.

____ Better ____ About the same ____ Worse

e. My relationships with my friends of the opposite sex.

____ Closer ____ No change ____ Not as close

f. How interesting I am, in general, to other people.

____ More interesting ____ About the same ____ Less interesting

g. My feelings about my future.

____ More positive ____ No change ____ Less positive

h. My physical appearance.

____ More attractive ____ No change ____ Less attractive

i. My relationships with my family.

____ Closer ____ No change ____ Not as close

j. My overall feeling about myself.

____ More positive ____ No change ____ Less positive

THE QUESTIONS IN THIS SECTION ASK ABOUT YOUR EXPERIENCE WITH BEER, WINE, AND LIQUOR.

PLEASE TRY TO ANSWER ALL QUESTIONS AS TRUTHFULLY AS POSSIBLE. REMEMBER THAT WE ARE NOT REPORTING THE RESULTS OF THE SURVEY AS REPORTS OF INDIVIDUALS OR EVEN OF INDIVIDUAL SCHOOLS. ALL RESULTS WILL BE REPRESENTED AS: ALL SENIOR HIGH SCHOOL STUDENTS IN THE MIDWEST; OR, ALL 11TH GRADE STUDENTS IN PRIVATE SCHOOLS; OR, ALL JUNIOR HIGH SCHOOL BOYS, ETC.

YOUR QUESTIONNAIRE WILL NOT BE AVAILABLE TO ANYONE BUT THE STAFF AT THE RESEARCH TRIANGLE INSTITUTE. YOUR NAME WILL NEVER BE ASSOCIATED WITH THE ANSWERS YOU GIVE.

21. Have you ever had a drink of wine, beer, or liquor—not just a sip or a taste?

____ Yes ____ No

22. How old were you when you had your first drink (not just a sip or taste)? *Mark X on one blank line.*

____ Can't remember
____ Never had a drink
____ 7 years old or less
____ 8 years old
____ 9 years old
____ 10 years old
____ 11 years old
____ 12 years old
____ 13 years old
____ 14 years old
____ 15 years old
____ 16 years old
____ 17 years old
____ 18 years old or more

23. Have you had a drink of wine, beer, or liquor more than two or three times in your life?

____ Yes ____ No

Now we would like to ask you a few questions about your current drinking habits.

24. Let's take beer first. How often do you usually have beer? ***Mark X on one blank line.***

____ Do not drink beer at all
____ Every day
____ Three or four days a week
____ One or two days a week
____ Three or four days a month
____ About once a month
____ Less than once a month, but at least once a year
____ Less than once a year

25. Think of all the times you have had beer recently. When you drink beer, how much do you usually have at one time, on the average?

____ Do not drink beer at all
____ Twelve or more cans of beer (two six-packs or more)
____ About nine cans of beer
____ Six cans of beer
____ Five cans of beer
____ Four cans of beer
____ Three cans of beer
____ Two cans of beer
____ One can of beer
____ Less than one can of beer

26. Think of all the times you have had beer recently. What is the greatest amount of beer you have ever had at any one particular time?

____ Do not drink beer at all
____ Twelve or more cans of beer (two six-packs or more)
____ About nine cans of beer
____ Six cans of beer
____ Five cans of beer
____ Four cans of beer
____ Three cans of beer
____ Two cans of beer
____ One can of beer
____ Less than one can of beer

27. Now, we want to ask you about wine. How often do you usually have wine? *Mark X on one blank line.*

____ Do not drink wine at all
____ Every day
____ Three or four days a week
____ One or two days a week
____ Three or four days a month
____ About once a month
____ Less than once a month, but at least once a year
____ Less than once a year

28. Think of all the times you have had wine recently. When you drink wine, how much do you usually have at one time, on the average?

____ Do not drink wine at all
____ Twelve or more wine glasses
____ About nine wine glasses
____ Six wine glasses
____ Five wine glasses
____ Four wine glasses
____ Three wine glasses
____ Two wine glasses
____ One wine glass
____ Less than one wine glass

29. Think of all the times you have had wine recently. What is the greatest amount of wine you have ever had at any one particular time?

____ Do not drink wine at all
____ Twelve or more wine glasses
____ About nine wine glasses
____ Six wine glasses
____ Five wine glasses
____ Four wine glasses
____ Three wine glasses
____ Two wine glasses
____ One wine glass
____ Less than one wine glass

30. **Now, we want to ask you about liquor (whiskey, vodka, gin, mixed drinks, etc.). How often do you usually have a drink of liquor? *Mark X on one blank line.***

____ Do not drink liquor at all

____ Drink every day

____ Drink three or four days a week

____ Drink one or two days a week

____ Drink three or four days a month

____ Drink about once a month

____ Drink less than once a month, but at least once a year

____ Drink less than once a year

31. **Think of all the times you have had liquor recently. How many drinks do you usually have at one time, on the average?**

____ Do not drink liquor at all

____ Twelve or more drinks

____ About nine drinks

____ Six drinks

____ Five drinks

____ Four drinks

____ Three drinks

____ Two drinks

____ One drink

____ Less than one drink

32. **Think of all the times you have had liquor recently. What is the greatest number of drinks you have ever had at any one time?**

____ Do not drink liquor at all

____ Twelve or more drinks

____ About nine drinks

____ Six drinks

____ Five drinks

____ Four drinks

____ Three drinks

____ Two drinks

____ One drink

____ Less than one drink

33. Please indicate how often you drink beer, wine, or liquor in each of the following settings, places, or occasions. *Mark X on one blank line in each row.*

Never drink or don't drink in this setting	Sometimes	Frequently	Most of the time	
___	___	___	___	At teenage parties when others are drinking and your parents or other adults are not present
___	___	___	___	At home on special occasions such as birthdays, or holidays such as Thanksgiving, etc.
___	___	___	___	Driving around or sitting in a car at night
___	___	___	___	At dinner at home with the family
___	___	___	___	At places where teenagers hang around when their parents or other adults are not present
___	___	___	___	At a teenage party when others are drinking and when your parents or other adults are present
___	___	___	___	During or after a school activity such as a dance or football game when your parents or other adults you know are not present or can't see you
___	___	___	___	Alone—when no one else is around

So far the questions have asked for the facts about your drinking. In this section you will be asked about your behavior and the behavior of your friends when drinking; and, most importantly, what you and your friends think about drinking.

34. Have any of your friends suggested that you try drinking?

____ Never ____ Once or twice ____ Several times ____ Often

35. Do you think that your father (or person who served as your father in raising you) ever takes a drink of beer, wine, or liquor?

____ Yes, fairly regularly
____ Yes, sometimes
____ No
____ I don't know
____ Does not apply

36. Do you think that your mother (or person who served as your mother in raising you) ever takes a drink of beer, wine, or liquor?

____ Yes, fairly regularly
____ Yes, sometimes
____ No
____ I don't know
____ Does not apply.

37. How do you think your parents (or your family) feel about boys your age drinking?

____ Strongly approve
____ Approve
____ Don't care one way or the other
____ Disapprove
____ Strongly disapprove
____ I don't know

38. How do you think your parents (or your family) feel about girls your age drinking?

____ Strongly approve
____ Approve
____ Don't care one way or the other
____ Disapprove
____ Strongly disapprove
____ I don't know.

39. **During the past year, how many times have each of the following happened to you?** ***Mark X on one blank line in each row.***

None	Once	2-3 times	4-5 times	6-9 times	10 or more times	
___	___	___	___	___	___	**You've gotten into trouble with your teachers or principal because of your drinking.**
___	___	___	___	___	___	**You've gotten into difficulties of any kind with your friends because of your drinking.**
___	___	___	___	___	___	**You've driven when you've had a good bit to drink.**
___	___	___	___	___	___	**You've been criticized by someone you were dating because of your drinking.**
___	___	___	___	___	___	**You've gotten into trouble with the police because of your drinking.**
___	___	___	___	___	___	**You've gotten into trouble with your family because of your drinking.**

40. **During the past year, about how many times have you drunk just enough to feel a little high or light-headed?** ***Mark X on one blank line.***

___ **None**
___ **1 time**
___ **2-3 times**
___ **4-5 times**
___ **6-10 times**
___ **Once a month**
___ **Twice a month**
___ **Once a week**
___ **Twice a week**
___ **More than twice a week**

41. **During the past year, about how many times have you gotten drunk or very, very high?**

___ **None**
___ **1 time**
___ **2-3 times**
___ **4-5 times**
___ **6-10 times**
___ **Once a month**
___ **Twice a month**
___ **Once a week**
___ **Twice a week**
___ **More than twice a week**

42. **During the past year, how much of a problem has your drinking been to you?**

___ **I have not had a drink in the past year.**
___ **I have had a drink in the past year, but drinking has not been a problem.**
___ **Drinking has been a mild problem for me during the past year.**
___ **Drinking has been a considerable problem for me during the past year.**
___ **Drinking has been quite a serious problem for me during the past year.**

43. How do most of the kids you hang around with feel about kids your age drinking? *Mark X on one blank line.*

___ Strongly approve

___ Approve

___ Neither approve nor disapprove

___ Disapprove

___ Strongly disapprove

___ I don't know

___ Does not apply.

44. Please mark the blank which indicates the answer to the question on the right side. Give one answer for each question. *Mark X on one blank line in each row.*

None	1-2	Several	Most of them	All of them	
___	___	___	___	___	As far as you know, about how many of the kids in your school class drink alcohol at least sometimes?
___	___	___	___	___	About how many of the kids you hang around with drink alcohol at least sometimes?

45. Can you get alcoholic beverages when you want them?

___ No ___ Sometimes ___ Usually ___ Always ___ I don't ever want them

46. Where do you most often get the alcohol you and your friends drink? *Mark X on one blank line.*

___ I don't ever get it

___ From my home

___ A friend gives it to me

___ A friend or someone else buys it for me

___ I buy it myself

___ Other, *Please explain* ____

____

47. Does your school have films, discussion groups or other programs to teach students about alcohol and drinking? *Mark X on one blank line.*

___ Yes ___ No

48. The following list includes some of the reasons people have given for why they do not drink.

If you do drink, we would like to know how important each reason would be to you if you were to stop drinking.

If you do not drink, we would like to know how important each reason for not drinking is to you.

Mark X on one blank line in each row.

Not important at all	Not too important	Pretty important	Very important	
___	___	___	___	It just tastes bad to me.
___	___	___	___	It's against my religion.
___	___	___	___	The kids I hang around with are against it.
___	___	___	___	It's just an artificial way of solving your problem.
___	___	___	___	It can lead to getting involved with the police.
___	___	___	___	I don't want to lose my self-control.
___	___	___	___	Drinking often makes you sick to your stomach.

49. The following list includes some of the reasons people have given for why they do drink.

If you do drink, we would like to know all the reasons that are involved in your own drinking and how important each of these reasons is to you.

If you do not drink, we would like to know how important each reason would be if you were to start drinking.

For each reason listed below, mark the blank that best tells how important that reason is to you. *Mark an X on one blank line in each row.*

Not important at all	Not too important	Pretty important	Very important	
___	___	___	___	Just to have a good time.
___	___	___	___	Because people think you've been around if you drink.
___	___	___	___	When there are too many pressures on me.
___	___	___	___	Makes things like doing well in school seem less important to me.
___	___	___	___	Because it's part of becoming an adult.
___	___	___	___	So I won't be different from the rest of the kids.
___	___	___	___	Helps to get my mind off my problems.
___	___	___	___	It's a good way to celebrate.
___	___	___	___	It's one way of being part of the group.

53. a. When did you most recently use alcohol? *Mark X on one blank line.*

- ___ Within the last week
- ___ Within the last month
- ___ Within the last 2 months
- ___ Within the last 6 months
- ___ More than 6 months ago but within the last year
- ___ More than a year ago
- ___ I have never used alcohol

b. If you have not had a drink within the past 6 months, what was your main reason for not drinking?

____

____

____

c. Do you think you will use alcohol sometime in the future?

- ___ Definitely will
- ___ Probably will
- ___ Not sure
- ___ Probably will not
- ___ Definitely will not

IN QUESTIONS 51 THROUGH 55, WE ARE INTERESTED IN LEARNING SOMETHING ABOUT HOW YOU FEEL ABOUT THINGS AND WHAT YOU CONSIDER TO BE IMPORTANT. THERE ARE NO RIGHT OR WRONG ANSWERS. JUST PUT AN X ON THE BLANK LINE WHICH BEST EXPRESSES YOUR OPINION.

51. How strongly would you like to get married someday?

____ Already married
____ Would like it very much
____ Would like it
____ Would neither like nor dislike it
____ Would dislike it
____ Would dislike it very much

52. How strongly would you like to be successful at a job or a career that you choose?

____ Would like it very much
____ Would like it
____ Would neither like nor dislike it
____ Would dislike it
____ Would dislike it very much

53. How strongly would you like to have children someday?

____ Already have children
____ Would like to have a small family (1 or 2 children)
____ Would like to have a larger family (3 or more children)
____ Not sure how I feel right now about having children
____ Would like to adopt children rather than having my own
____ Would not particularly like to have any children
____ Very definitely do not want to have any children

54. Listed below are questions or expectations—that is, how sure are you that each thing will happen or will not happen to you? Think about what you expect now, at this point in your life. Then mark the blank for each statement to show how strongly you feel this will or will not happen. ***Mark one blank with an X for each row.***

Sure won't happen	Probably won't happen	Even chance will happen	Probably will happen	Sure will happen	
____	____	____	____	____	Be considered a bright student by your teachers
____	____	____	____	____	Be able to answer other students' questions about school work
____	____	____	____	____	Be thought of as a good student by the other students
____	____	____	____	____	Come out near the top of the class on exams
____	____	____	____	____	Have good enough grades to go on to college if you want to

[illegible] In this part of the questionnaire we're interested in knowing how often you have done different things. As you answer the following questions, think back over the past year or so. Remember, your answers are absolutely confidential. Try to be as honest and truthful in your answers as possible. *Mark an X on one blank line in each row.*

During the past year or so, how often have you:

Never	Once or twice	Several times	Very often	
___	___	___	___	Smoked cigarettes without your parent's permission?
___	___	___	___	Taken little things that didn't belong to you?
___	___	___	___	Gone to a movie the night before a test?
___	___	___	___	Caused a disturbance in a movie theater even after having been asked to stop?
___	___	___	___	Skipped school without a legitimate excuse?
___	___	___	___	Broken into a place that is locked just to look around?
___	___	___	___	Damaged public or private property that did not belong to you just for fun?
___	___	___	___	Lied to your parents about where you have been or whom you were with?
___	___	___	___	Beaten up another kid without much reason?
___	___	___	___	Stayed out all night without your parents' permission?
___	___	___	___	Taken something of value from a store without paying for it?
___	___	___	___	Damaged school property on purpose—like library books, or musical instruments, or gym equipment?
___	___	___	___	Deliberately ruined something your parents valued after having an argument with them?

THE QUESTIONS IN THIS SECTION ASK ABOUT YOUR EXPERIENCE WITH VARIOUS DRUGS.

PLEASE TRY TO ANSWER ALL QUESTIONS AS TRUTHFULLY AS POSSIBLE. REMEMBER THAT WE ARE NOT REPORTING THE RESULTS OF THE SURVEY AS REPORTS OF INDIVIDUALS OR EVEN OF INDIVIDUAL SCHOOLS. YOUR QUESTIONNAIRE WILL NOT BE AVAILABLE TO ANYONE BUT THE STAFF AT THE RESEARCH TRIANGLE INSTITUTE. YOUR NAME WILL NEVER BE ASSOCIATED WITH THE ANSWERS YOU GIVE.

First we will ask some questions about cigarettes. ***Please X one blank or fill in the correct number for each question.***

56. How old were you when you first tried cigarettes?

____ Years old (about)

____ Never tried

57. About how many cigarettes or packs of cigarettes have you smoked altogether during the last month (30 days)?

____ Less than one pack of cigarettes during the last month

____ Packs (about) during last month

____ None in the last month

Now we want to ask you about marihuana and hashish. Some other names for them are grass, hash, weed, hemp, joints, pot, reefers. *Please X one blank or fill in the correct number for each question.*

58. About how old were you when you first had the chance to try marihuana or hashish (whether you tried it or not)?

____ Years old (about)
____ Never had a chance

59. How old were you when you first tried marihuana or hashish?

____ Years old (about)
____ Never tried

60. If you had the chance to try marihuana or hashish, would you like to do so?

____ Yes
____ Not sure
____ Already tried marihuana or hashish
____ No

61. When was the most recent time you used marihuana or hashish?

____ Within the last week
____ Within the last month
____ Within the last 2 months
____ Within the last 6 months
____ More than 6 months but less than a year ago
____ More than a year ago
____ I have never used marihuana or hashish

62. Altogether, since you first started, about how many times have you ever used marihuana or hashish?

____ Once
____ Twice
____ 3-9 times
____ 10-19 times
____ 20-39 times
____ 40-59 times
____ 60-99 times
____ 100-499 times
____ 500-999 times
____ 1,000 or more times
____ I have never used marihuana or hashish

63. During the last six months, about how often on the average did you use marihuana or hashish?

____ Every day
____ Four or five times a week
____ Two or three times a week
____ Once a week
____ Two or three times a month
____ About once a month
____ Less than once a month
____ 3-5 times in the last 6 months
____ Once or twice in the last 6 months
____ Have not used marihuana or hashish in the last 6 months
____ I have never used marihuana or hashish

64. During the past month (30 days), on about how many different days did you use marihuana or hashish?

____ One day
____ 2 days
____ 3-6 days
____ 7-10 days
____ 11-15 days
____ 16-20 days
____ 21-25 days
____ About daily
____ I didn't use marihuana or hashish during the past month
____ I have never used marihuana or hashish

65. a. Was there a month when you used marihuana or hashish more than you did in the past month (your answer in Q. 64)?

____ Yes. How many days did you use marihuana or hashish during the month you used them most?
____ days (about)
____ No, last month was the most I've used marihuana or hashish
____ I have never used marihuana or hashish

b. Since you first tried marihuana, about how many months altogether would you say you've used marihuan or hashish daily or almost every day?

____ Months (about) OR ____ years (about)
____ Never a month when I used marihuana or hashish daily
____ I have never used marihuana or hashish

66. a. Have you given up using marihuana or hashish entirely? If so, when did you stop?

____ Yes, I stopped within the last six months

____ Yes, I stopped between six months and a year ago

____ Yes, I stopped between one and two years ago

____ Yes, I stopped between two and three years ago

____ Yes, I stopped more than three years ago

____ I haven't stopped using marihuana or hashish

____ I have never used marihuana or hashish

b. If you have stopped using marihuana or hashish, what was the main reason?

____ I have never used marihuana or hashish

____ I haven't stopped using marihuana or hashish

____ I stopped using marihuana or hashish because ______________________________

____

67. When you use marihuana or hashish, about how often do you use alcohol (wine, beer, or hard liquor) at about the same time?

____ Nearly every time

____ About half the time

____ Less than half the time

____ Never or almost never use alcohol with marihuana or hashish

____ I never use marihuana or hashish

68. When you use marihuana or hashish, about how often do you use some other drug(s) (besides alcohol) at about the same time?

____ Nearly every time

____ About half the time

____ Less than half the time

____ Never or almost never use another drug (other than alcohol) with marihuana or hashish

____ I never use marihuana or hashish

69. When you use some other drug(s) with marihuana or hashish, what do you usually use?

____ Used it with: ______________________________

____ I never or almost never use marihuana or hashish with another drug (other than alcohol)

____ I never use marihuana or hashish

70. Have you ever been high or stoned on marihuana or hashish to the point where you were pretty sure that you had experienced the drug effect?

____ I have gotten high once

____ I have gotten high more than once

____ I have never gotten high on marihuana or hashish

____ I have never used marihuana or hashish

71. Do you usually keep a supply of marihuana or hashish so that it's available to you when you want to use it?

___ Yes
___ No
___ I have never used marihuana or hashish

72. Do you usually keep your own equipment such as marihuana papers or a hash pipe?

___ Yes
___ No

73. Have you found yourself making new friends because the old friends were using too much marihuana or hashish?

___ Yes
___ No

74. Here is a list of things that happen to people for different reasons. For each we would like you to *mark an X by "yes" if you think your use of marihuana or hashish caused it; mark an X by "no" if your use of marihuana or hashish did not cause it.*

___ I never used marihuana or hashish. *If never used, skip to next question.*

a. Were you absent from school one or more times because you were using marihuana or hashish? ___ Yes ___ No

b. Did your grades in school get worse than they were because of your use of marihuana or hashish? ___ Yes ___ No

c. Did marihuana or hashish use cause you to be stopped by the police or get a traffic citation? ___ Yes ___ No

d. Did your using marihuana or hashish cause some physical or medical problem, no matter how minor or unimportant? ___ Yes ___ No

e. Did you find it hard to concentrate on something you wanted to do because of your use of marihuana or hashish? ___ Yes ___ No

f. Have you had trouble getting along with your parents (at least once) because they didn't want you to use marihuana or hashish? ___ Yes ___ No

g. Did you ever find yourself unable to control your moods when you used marihuana or hashish? ___ Yes ___ No

h. Did you ever have trouble getting along with some of your friends because of your marihuana or hashish use? ___ Yes ___ No

The next category of drugs we are interested in is things that people sniff or inhale. These are called inhalants. Some examples of inhalants are: glue, aerosol, gasoline, lighter fluid, nail polish remover, paint thinner, poppers, snappers, and paint. ***Please X one blank or fill in the correct number for each question.***

75. About how old were you when you first had the chance to try inhalants (whether you tried them or not)?

____ Years old (about)

____ I never had a chance to try inhalants

76. How old were you when you first tried inhalants?

____ Years old (about)

____ I have never tried inhalants

77. If you had the chance to try an inhalant, would you like to do so?

____ Yes

____ No

____ Not sure

____ I've already tried it

78. When was the most recent time you used an inhalant?

____ Within the last week

____ Within the last month

____ Within the last two months

____ Within the last 6 months

____ More than 6 months but less than a year ago

____ More than a year ago

____ I have never used an inhalant

The next category of drugs we are interested in is heroin, sometimes called smack, horse, junk, or "H". ***Please X one blank line or fill in the correct number for each question.***

79. About how old were you when you first had the chance to try heroin (whether you tried it or not)?

____ Years old (about)

____ I never had a chance to try it

80. How old were you when you first tried heroin?

____ Years old (about)

____ I have never tried heroin

81. Would you like to try heroin?

____ Yes

____ No

____ Not sure

____ I've already tried it

82. When was the most recent time you used heroin?

____ Within the last week

____ Within the last month

____ Within the last two months

____ Within the last 6 months

____ More than 6 months but less than a year ago

____ More than a year ago

____ I have never used heroin

83. Have you ever injected heroin with a needle?

____ Yes

____ I've used heroin but never injected it with a needle

____ I have never used heroin

The next category of drugs we are interested in is cocaine, sometimes called "coke", crystals, or snow. *Please X one blank line or fill in the correct number for each question.*

84. About how old were you when you first had the chance to try cocaine (whether you tried it or not)?

____ Years old (about)
____ I never had a chance to try cocaine

85. How old were you when you first tried cocaine?

____ Years old (about)
____ I have never tried cocaine

86. Would you like to try cocaine?

____ Yes
____ No
____ Not sure
____ I have already tried it

87. When was the most recent time you used cocaine?

____ Within the last week
____ Within the last month
____ Within the last two months
____ Within the last 6 months
____ More than 6 months but less than a year ago
____ More than a year ago
____ I have never used cocaine

The next category of drugs we are interested in is LSD and other hallucinogens. Some examples of these drugs are: mescaline, peyote, acid, angel dust, hog, magic mushrooms, and peace pills. ***Please X one blank line or fill in the correct number for each question.***

88. About how old were you when you first had the chance to try a hallucinogen (whether you tried it or not)?

- ____ Years old (about)
- ____ I never had a chance to try a hallucinogen

89. How old were you when you first tried hallucinogens?

- ____ Years old (about)
- ____ I have never tried hallucinogens

90. Would you like to try a hallucinogen?

- ____ Yes
- ____ No
- ____ Not sure
- ____ I've already tried it

91. When was the most recent time you took a hallucinogen?

- ____ Within the last week
- ____ Within the last month
- ____ Within the last two months
- ____ Within the last 6 months
- ____ More than 6 months but less than a year ago
- ____ More than a year ago
- ____ I have never taken a hallucinogen

One category of drugs we are interested in is stimulants, sometimes called uppers. Although doctors sometimes prescribe these for losing weight, some people use them for non-medical reasons—to make them feel more wide-awake, peppy, energetic, alert, or for kicks. Some examples of stimulants are: bennies, bombitas, dexies, diet pills, greenies, pep pills, speed, splash, and whites. ***Please X one blank line or fill in the correct number for each question.***

92. About how old were you when you first had the chance to try a stimulant for non-medical reasons (whether you tried it or not)?

____ Years old (about)
____ I never had a chance to try a stimulant

93. How old were you when you first tried a stimulant for non-medical reasons?

____ Years old (about)
____ I have never tried stimulants (for non-medical reasons)

94. Would you like to try a stimulant (for non-medical reasons)?

____ Yes
____ No
____ Not sure
____ I have already tried it

95. When was the most recent time you took some kind of a stimulant (for non-medical reasons)?

____ Within the last week
____ Within the last month
____ Within the last two months
____ Within the last 6 months
____ More than 6 months but less than a year ago
____ More than a year ago
____ I have never taken a stimulant

96. Have you ever injected a stimulant with a needle?

____ Yes
____ I have used a stimulant but have never injected it with a needle
____ I have never used a stimulant

The next two groups of drugs are sometimes called "downers." The first category of "downers" we are interested in is tranquilizers. Although doctors sometimes prescribe tranquilizers to calm people down or quiet their nerves, or relax their muscles, people also take them on their own to make them feel better. Some examples of tranquilizers are: Valium, Librium, Equanil, and Serax. *Please X one blank line or fill in the correct number for each question.*

97. About how old were you when you first had the chance to try tranquilizers (for non-medical reasons), whether you tried them or not?

____ Years old (about)

____ I never had a chance to try tranquilizers

98. How old were you when you first tried tranquilizers (for non-medical reasons)?

____ Years old (about)

____ I have never tried tranquilizers

99. Would you like to try a tranquilizer (for non-medical reasons)?

____ Yes

____ No

____ Not sure

____ I have already tried it

100. When was the most recent time you took tranquilizers (for non-medical reasons)?

____ Within the last week

____ Within the last month

____ Within the last two months

____ Within the last 6 months

____ More than 6 months but less than a year ago

____ More than a year ago

____ I have never taken tranquilizers

The second category of "downers" we are interested in is barbiturates or sedatives. Doctors sometimes prescribe these to help people relax during the day and to get a better night's sleep. People also use these on their own—to help relax or just to feel good. Some examples of barbiturates are: barbs, blues, cibas, goofballs, quads, rainbows, red devils, soapers, and yellow jackets. ***Please X one blank line or fill in the correct number for each question.***

101. About how old were you when you first had the chance to try barbiturates (for non-medical reasons), whether you tried them or not?

___ Years old (about)

___ I have never had a chance to try barbiturates

102. How old were you when you first tried barbiturates (for non-medical reasons)?

___ Years old (about)

___ I have never tried barbiturates (for non-medical reasons)

103. If you had the chance to try a barbiturate (for non-medical reasons), would you like to do so?

___ Yes

___ No

___ Not sure

___ I have already tried barbiturates

104. When was the most recent time you took barbiturates (for non-medical reasons)?

___ Within the last week

___ Within the last month

___ Within the last 2 months

___ Within the last 6 months

___ More than 6 months but less than a year ago

___ More than a year ago

___ I have never taken barbiturates

Thank you very much. Do you have any comments about this survey or about the use of alcohol (beer, wine, or liquor) by teenagers?

—Comments about this study

—Do you think the young people participating in this study answered the questions as truthfully as they could?

—Comments about the use of alcohol (beer, wine, or liquor) by teenagers

FOLLOW-UP INTERVIEW

Author: William P. Rohan

Assessment Areas Covered: Employment, social relationships, alcohol consumption quantity/frequency, posthospital treatment, physical health, legal, client satisfaction, aspects of treatment that helped

Administration: Self-administered or interviewer-administered, at followup

Design Features: 27 items--yes/no, completion, multiple choice

Abstract: This instrument was developed for use in a followup study of posthospital adjustment of patients treated at the Northampton, Massachusetts, Veterans Administration Hospital.

Related Published Reports: Rohan, W.P. A follow-up study of problem drinkers. Diseases of the Nervous System, 31:259-267, 1970.

Availability Source: The author states that this instrument may be reproduced.

INTERVIEW: Follow-up

NAME: ____________________

DATE OF INTERVIEW: ____________

DATE OF DISCHARGE: ____________

1. How long have you been out of the hospital program? ________ mos.

2. Are you presently employed? YES NO

3. Level of work ________ Job Title ________________

   a. Professional
   b. Managerial
   c. Clerical--Sales
   d. Skilled
   e. Semi-skilled
   f. Unskilled

4. Pay per week ____________.

5. Highest pay per week ___________.

6. Number of jobs held since discharge ___________.

7. Longest period at one job since discharge ____________.

8. Who are you living with? (Circle appropriate answer)

   a. Parent
   b. Wife
   c. Sibling
   d. Alone
   e. Relative
   f. Friend M or F
   g. Married son or daughter
   h. Institution

9. AA attendance _______ number of visits per month.

10. Have you been admitted to a hospital for a drinking problem since discharge? YES NO

11. Have you been in a hospital for other medical problems (e.g., injury, stomach trouble, etc.) YES NO

12. Have you been in any institution since discharge? YES NO
    Specify place (jail, drying-out house, etc. ________________

13. If yes, how long after discharge before going to another institution? ________________

14. No. of times in other institutions (specify place) ________________

15. Are you involved in treatment at the present time for an alcohol problem? YES NO

NAME: ____________

16. If yes, type of treatment ____________

    a. Antabuse
    b. individual therapy
    c. group therapy
    d. relaxation therapy
    e. Alcoholics Anonymous
    f. tranquilizer
    g. private physician
    h. day care
    i. aversion conditioning:
        1. electroconditioning
        2. covert sensitization

17. Have you been arrested since discharge? YES NO

18. Has there been a return to drinking since leaving this hospital? YES NO

19. If yes, how long after discharge before taking the first drink? ____________ weeks

20. What is your longest period of sobriety since leaving this hospital program? ______ ______

21. How often do you drink now? _______ number of days per week.

22. How long do you usually drink now if you start drinking? ____________ no. days

23. When did you have your last drink? __________ no. days ago

24. Have you experienced delirium tremens since discharge? YES NO

25. Which treatment seems to have been most beneficial to you? (rank in order from most benefit (1) to least benefit (11))

    a. association with other alcoholics _____
    b. group therapy _____
    c. Alcoholics Anonymous _____
    d. Antabuse _____
    e. the lectures and talks _____
    f. films _____
    g. gripe sessions _____
    h. reading _____
    i. covert sensitization _____
    j. electroconditioning _____
    k. relaxation therapy _____

26. Do you think your alcohol problem has improved as a result of treatment in the program? YES NO

27. In what way was treatment in the program helpful? (Please use the back of this page for any comments or remarks.)

Page 3
NAME: ______________

Information on Type, Amount, Frequency and Usual Duration of Alcohol Intake

The chart below will help to understand your present drinking habits. The first selection on the chart refers to liquor (whiskey, gin, etc.). Circle the number of ounces you drink per number of days a week. For example, 16 under "ounces" and 3 under "frequency" would be circled in the first section if you usually drink about 16 ounces 3 days a week. The next section refers to quarts of beer and ale, the next to ounces of wine, and the last to any other alcoholic drink.

Liquor		Beer-Ale		Wine		Other (specify)	
Amount ounces	Frequency per week	Amount ounces	Frequency per week	Amount ounces	Frequency per week	Amount ounces	Frequency per week
0	1	0	1	0	1	0	1
2	2	2	2	2	2	2	2
8	3	4	3	8	3	8	3
16	4	6	4	16	4	16	4
32	5	8	5	32	5	32	5
64	6	16	6	64	6	64	6
More	7	More	7	More	7	More	7
Weeks per month	1 2 3	Weeks per month	1 2 3	Weeks per month	1 2 3	Weeks per month	1 2 3

Usual duration when drinking (no. of days) __________

ALCOHOL TREATMENT PROGRAM (ATP)
INTAKE QUESTIONNAIRE

Author:	Marc A. Schuckit
Assessment Areas Covered:	Drinking history, drug use history, alcohol-related problems, demographics, antisocial behavior, psychiatric history, treatment history, family history of psychiatric disorders, diagnosis
Administration:	Self-administered (20 to 30 minutes), voluntary, identifying data, modest amounts of handwriting required, at intake
Design Features:	144 completion, multiple-choice, and Likert-type items
Abstract:	This intake questionnaire is to be filled out by alcoholics, assuming an approximate 10th-grade education. The purpose is to allow for the assignment of primary and secondary psychiatric diagnoses (e.g., antisocial personality disorder, affective disorder, alcoholism, drug abuse) and to document the course of problems and treatments received.
Related Published Reports:	Schuckit, M.A., and Russell, J.W. An evaluation of alcoholics with histories of violence. Journal of Clinical Psychiatry, 45:3-6, 1984. Schuckit, M.A. A study of alcoholics with secondary depression. American Journal of Psychiatry, 140:711-714, 1983. Schuckit, M.A. The history of psychotic symptoms in alcoholics. Journal of Clinical Psychiatry, 43:53-57, 1982.
Availability Source:	Marc A. Schuckit, M.D., Department of Psychiatry (116A), Veterans Administration Medical Center, 3350 La Jolla Village Drive, San Diego, California 92161. There is no fee for use.

VA # ____________________

SAN DIEGO
VETERANS ADMINISTRATION HOSPITAL
ALCOHOL TREATMENT PROGRAM

INTAKE QUESTIONNAIRE

THIS QUESTIONNAIRE TAKES ONLY ABOUT 20 MINUTES. THE INFORMATION YOU GIVE HERE WILL BE CONFIDENTIAL AND WILL BE USED FOR STATISTICAL PURPOSES AND TO HELP THE PEOPLE AT THE TREATMENT PROGRAM DECIDE HOW THEY CAN BEST HELP YOU. WE ENCOURAGE YOU TO GIVE ANY ADDITIONAL INFORMATION THAT YOU FEEL IS RELATED OR IS NECESSARY TO CLARIFY AN ANSWER.

YOUR FULL NAME: ______________________________ AGE: __________

YOUR SOCIAL SECURITY NUMBER: __________ - ______ - __________

YOUR PERMANENT ADDRESS: ______________________________________

____

YOUR TELEPHONE NUMBER: ______________________________________

TO HELP US EVALUATE HOW TREATMENT AFFECTS YOUR CONDITION AT A FUTURE DATE, WE MAY WANT TO CHECK ANY OFFICIAL POLICE, SOCIAL SECURITY, DRIVING, PUBLIC ASSISTANCE, ETC., RECORDS, AND CONTACT YOU IN UPCOMING YEARS. YOUR CONSENT TO PROVIDE OR NOT PROVIDE FOLLOW-UP INFORMATION WILL NOT AFFECT YOUR ELIGIBILITY FOR TREATMENT.

I HEREBY GIVE PERMISSION FOR DR. SCHUCKIT OR THE SAN DIEGO VETERANS ADMINISTRATION ALCOHOL TREATMENT PROGRAM STAFF TO OBTAIN ANY AND ALL HOSPITAL, POLICE, SOCIAL SECURITY, DRIVING AND PUBLIC ASSISTANCE RECORDS AND ANY OTHER RECORDS THEY FEEL ARE NECESSARY TO HELP EVALUATE MY COURSE OVER THE NEXT 10 YEARS.

DATE: ____________________

SIGNATURE: ____________________

WITNESS: ____________________

____

DON'T WRITE IN THIS
COLUMN

1 1 K1 K2	K1, K2	Card/Deck Number
K3 K4 K5 K6	K3-6	Respondent Identification Number
0 1 K7 K8	K7, K8	Sample Number
0 1 K9 K10	K9, K10	Study Number

K11 K12 K13 K14 K15 K16 WHAT IS THE DATE TODAY?______________ (Date)
Mo. Day Year

K17 K18 K19 K20 WHAT TIME IS IT NOW?______________ (Time)

K21 K22 K23 K24 WHAT IS THE DATE YOU ENTERED THE PRE-BED PROGRAM OR THE ALCOHOL TREATMENT PROGRAM THIS TIME?

______________ (Date)
Mo. Day

K25 K26 K27 K28 WHAT IS THE DATE OF YOUR LAST DRINK OF AN ALCOHOLIC BEVERAGE?

______________ (Date)
Mo. Day

K29 K30 K31 K32 WHAT TIME OF DAY DID YOU HAVE THE LAST DRINK?______________ (Time)

NOW WE HAVE SOME QUESTIONS ABOUT YOUR PRESENT STATUS:

K33 WHAT WAS THE MAJOR PROBLEM RESPONSIBLE FOR YOUR ENTERING THE PROGRAM NOW?

____

____

____

K34 WHAT WAS THE SECOND MOST IMPORTANT PROBLEM?

____

____

____

K35 WHAT WAS THE THIRD MOST IMPORTANT PROBLEM?

____

____

____

K36 K37 K38 K39 HOW LONG HAS THE MOST IMPORTANT PROBLEM BEEN GOING ON?

________ Months ________ Days

K40 K41 WHY DID YOU DECIDE TO COME IN TODAY, RATHER THAN A WEEK AGO OR A MONTH FROM NOW?

____

____

____

DON'T WRITE IN THIS
COLUMN

HOW DID YOU HEAR ABOUT THE PROGRAM?

K42 K43

____

____

____

TO HELP US UNDERSTAND MORE ABOUT HOW THINGS HAVE BEEN GOING FOR YOU LATELY, PLEASE ANSWER THE FOLLOWING QUESTIONS?

ON THE AVERAGE OVER THE LAST 6 MONTHS:

HOW MANY DAYS A WEEK DID YOU WORK AT LEAST 4 HOURS A DAY?

K44

(0) ____None or If yes:____Days a Week

WHO WERE YOU USUALLY LIVING WITH? (CHECK ONE ONLY)

K45

(0) ___Alone
(1) ___Spouse or Children
(2) ___Other Relatives
(3) ___Friends
(4) ___Spouse or Children & Other Relatives
(5) ___With Spouse or Children & Friends
(6) ___With Other Relatives & Friends
(7) ___With Spouse or Children & Other Relatives and Friends
(8) ___Other: Please Explain:____________
____

WHERE WERE YOU USUALLY LIVING? (CHECK ONLY ONE)

K46

(0) ___No Special Place
(1) ___In a Single Rented Room in a Hotel
(2) ___In a Rooming House
(3) ___In an Apartment
(4) ___In a Trailer
(5) ___In a House

HOW LONG HAVE YOU BEEN LIVING THERE?

K47 K48 K49 K50

_____Years ____Months _____Days

HOW MANY DAYS A WEEK WOULD YOU READ THE NEWSPAPER?

K51

(0) ____None or If yes: ____Days a Week

HOW MANY TIMES A WEEK WOULD YOU ENGAGE IN AN ATHLETIC EVENT OR GAME (TENNIS, JOGGING, BASEBALL, ETC.)?

K52

(0) ____None or If yes: ____Times a Week

HOW MANY DAYS A WEEK WOULD YOU SPEND TIME WORKING ON A HOBBY?

K53

(0) ____None or If yes: ____Days a Week

HOW MANY TIMES A WEEK WOULD YOU ATTEND A SOCIAL GATHERING (PARTY, CLUB, ETC.)?

K54

(0) ____None or If yes: ____Times a Week

HOW MANY DAYS A WEEK DID YOU USUALLY SEE YOUR SPOUSE (OR MOST RECENT SPOUSE IF YOU ARE DIVORCED)?

K55

( ) ____Actual Number or (9) ____Not Applicable; I never married

IF YOU'VE NEVER BEEN MARRIED, DO YOU HAVE A GIRLFRIEND YOU SEE DAILY OR WITH WHOM YOU LIVE?

K56

(0) ____No (1) ____Yes

IF YES, HOW LONG HAVE YOU HAD A RELATIVELY STABLE RELATIONSHIP WITH THIS PERSON?

K57 K58 K59 K60

_____Months _____Days

HOW MANY DAYS A WEEK DID YOU USUALLY SEE ANY OF YOUR CHILDREN?

K61

( ) ____ Actual Number or (9) ____ Not Applicable; I never married

OVER THE LAST 6 MONTHS, HOW MANY DAYS TOTAL HAVE YOU BEEN DRY OR TOTALLY ABSTINENT?

K62 K63 K64

_____Days

DON'T WRITE IN THIS COLUMN

0 1 A1 A2	A1, A2	Card/Deck Number
A3 A4 A5 A6	A3-6	Respondent Identification Number
0 1 A7 A8	A7, A8	Sample Number
0 1 A9 A10	A9, A10	Study Number

NOW, SOME INFORMATION ON YOUR BACKGROUND:

A11 A12 WHAT IS YOUR AGE?________________________(Actual Age)

A13 A14 WHAT IS YOUR USUAL OCCUPATION? PLEASE DESCRIBE AS COMPLETELY AS POSSIBLE WHAT IT IS, WRITE THIS DESCRIPTION BELOW, AND THEN CIRCLE THE CLOSEST CATEGORY.

____

(01) ___Doctor, Lawyer, Ph.D., Artist, Musician, Clergyman or Other Professional
(02) ___Teacher, Engineer, Military Officer, Social Worker, Accountant, Etc.
(03) ___Owner of Large Business, Business Executive, Banker, Etc.
(04) ___Owner of Small Business, Law Enforcement, Police Officer, Etc.
(05) ___Bookkeeper, Salesman, Real Estate/Insurance Agent, Other Clerical/Sales, Etc.
(06) ___Skilled and Semi-Skilled: Carpenter, Mechanic, Electrician, Plumber, Enlisted Military, Etc.
(07) ___Unskilled: Janitor, Laborer, Truck Driver, Odd-Jobs Man, Farm Hand, Waiter, Bartender, Etc.
(08) ___Farming/Forestry: Commercial Fisherman, Forest Ranger, Landscape Gardener, Farmer, Etc.
(09) ___Service: Maid or Butler
(10) ___Housewife
(11) ___Other - Explain Specific Job and Degree of Training Required:

____

____

A15 A16 A17 A18 WHAT IS YOUR DATE OF BIRTH?____________________

A19 WHAT IS YOUR PRESENT MARITAL STATUS?

(1) ___Single
(2) ___Married
(3) ___Widowed
(4) ___Separated
(5) ___Divorced

DON'T WRITE IN THIS
COLUMN

A20 HOW MANY TIMES HAVE YOU BEEN MARRIED?

(0) __None **or** ___Actual Number of Times

A21 HOW MANY SONS DO YOU HAVE WHO ARE AGE 21 OR OVER (COUNT ONLY THOSE WHOM YOU FATHERED OR GAVE BIRTH TO)?

(0) __None **or** ___Actual Number

A22 HOW MANY DAUGHTERS DO YOU HAVE WHO ARE AGE 21 OR OVER (AGAIN, COUNT ONLY THOSE WHOM YOU FATHERED OR GAVE BIRTH TO)?

(0) __None **or** ___Actual Number

A23 WHAT IS YOUR PRESENT RELIGION?

(1) __Baptist
(2) __Methodist
(3) __Lutheran
(4) __Episcopalian
(5) __Other Protestant
(6) __Catholic
(7) __Jewish
(8) __Other
Which One?________________
(9) __None

A24 ARE YOU CURRENTLY PRACTICING YOUR RELIGION?

(0) __No (1) __Yes

A25 WHAT DO YOU CONSIDER TO BE YOUR ETHNIC ORIGIN?

(1) __Mexican-American/Chicano
(2) __Puerto Rican
(3) __Other Caucasian/White
(4) __Negro/Black
(5) __American Indian/Native American
(6) __Oriental
(7) __Malayan/Filipino
(8) __Eskimo

NOW SOME QUESTIONS ABOUT YOUR CHILDHOOD, SCHOOLING, AND WORK HISTORY:

A26 A27 HOW MANY YEARS OF GRADE AND HIGH SCHOOL DID YOU COMPLETE?

( ) Actual Number of Years Completed

Note: "12" Years Means High School Graduate

A28 IF YOU DID NOT GRADUATE FROM HIGH SCHOOL, DID YOU PASS A HIGH SCHOOL EQUIVALENCY TEST?

(0) __No
(1) __Yes
(8) __Not Applicable. I graduated from high school

A29 A30 HOW MANY YEARS OF COLLEGE DID YOU COMPLETE?

( ) __Actual Number of Years Completed

A31 DID YOU RECEIVE ANY ACADEMIC HONORS (SCHOLASTIC AWARDS, HONOR ROLL, ETC.) WHEN YOU WERE IN HIGH SCHOOL?

(0) __None **or** ___Actual Number

A32 DID YOU RECEIVE ANY ATHLETIC HONORS OR LETTERS WHEN YOU WERE IN HIGH SCHOOL?

(0) __None **or** ___Actual Number

DON'T WRITE IN THIS COLUMN

A33 A34 DURING YOUR LAST TWO YEARS WHILE IN FULL-TIME SCHOOL, ON THE AVERAGE HOW MANY TIMES A SEMESTER WOULD YOU PLAY HOOKY? (Don't Count College)

(00) ___Never or ___Actual Number of Times

A35 WERE YOU EVER SUSPENDED OR EXPELLED FROM GRADE SCHOOL OR HIGH SCHOOL?

(0) ___Never If yes: ___The Actual Number of Times

A36 WERE YOU EVER SET BACK A FULL GRADE IN SCHOOL?

(0) ___Never If yes: ___The Actual Number of Times

WHAT GRADES WERE INVOLVED?________________

A37 WHILE IN GRADE 9 AND ABOVE, HOW MANY COURSES, IF ANY, DID YOU FAIL?

(0) ___None or If yes: ___The Actual Number of Courses

A38 WHILE IN GRADE 9 AND ABOVE, WHAT WAS YOUR GRADE AVERAGE IN HIGH SCHOOL?

(0) ___I did not attend high school
(1) ___"A" Superior
(2) ___"B" Above Average
(3) ___"C" Satisfactory
(4) ___"D" Below Average
(5) ___"F" Failure

A39 BEFORE YOU WERE 16, DID YOU EVER RUN AWAY FROM HOME AT LEAST OVERNIGHT?

(0) ___Never or If yes: ___The Actual Number of Times

A40 WERE YOU EVER PLACED IN A REFORM SCHOOL?

(0) ___Never or If yes: ___The Actual Number of Times

A41 A42 DID YOUR PARENTS EVER REPEATEDLY SAY THAT YOU WERE UNMANAGEABLE, INCORRIGIBLE, OR THAT THEY WERE UNABLE TO CONTROL YOU?

(00) ___No or If yes: ___HOW OLD WERE YOU WHEN YOUR PARENTS FIRST SAID THIS?

A43 HAVE YOU EVER WANDERED FROM PLACE TO PLACE FOR MORE THAN THREE MONTHS WITH NO JOB?

(0) ___No or If yes: ___The Actual Number of Times

A44 HAVE YOU EVER USED AN ALIAS (A NAME THAT WASN'T YOUR OWN)?

(0) ___No or If yes: ___The Actual Number of Times in All

A45 HAVE YOU EVER HURT ANYONE IN A FIGHT BADLY ENOUGH SO THAT THEY NEEDED TO SEE A DOCTOR?

(0) ___No or If yes: ___The Actual Numer of Times in All

A46 IF YES, DID YOU EVER DO THIS WHEN INTOXICATED?

(0) ___No ___The Actual Number of Times When Intoxicated

A47 EXCEPT IN MILITARY ACTION OR BATTLE, HAVE YOU EVER USED A WEAPON IN A FIGHT LIKE A GUN, A KNIFE, A CLUB OR BOARD, ETC.?

(0) ___No If yes: ___The Actual Number of Times in All

A48 IF YES, DID YOU EVER DO THIS WHEN YOU WERE INTOXICATED?

(0) ___No ___The Actual Number of Times When Intoxicated

ABOUT YOUR WORK HISTORY?

HERE IS A LIST OF POSSIBLE AREAS OF FINANCIAL SUPPORT:

___1) VETERANS'S COMPENSATION, PENSION OR RETIREMENT	___6) SAVINGS
___2) SOCIAL SECURITY	___7) FAMILY OR SPOUSE'S SUPPORT
___3) COUNTY AID (ATD, AFDC, GR)	___8) NONE
___4) STATE UNEMPLOYMENT INSURANCE	___9) OTHER
___5) SALARY FROM YOUR JOB	SPECIFY____________________

DON'T WRITE IN THIS COLUMN

A49 WHICH WAS YOUR HIGHEST SOURCE OF INCOME OVER THE LAST SIX MONTHS?

____

A50 WHICH WAS YOUR SECOND-HIGHEST SOURCE OF INCOME OVER THE LAST SIX MONTHS?

____

A51 WHICH WAS YOUR THIRD-HIGHEST SOURCE OF INCOME OVER THE LAST SIX MONTHS?

____

A52 A53 A54 A55 WHAT WAS YOUR AVERAGE TOTAL MONTHLY INCOME OVER THE LAST SIX MONTHS?

________Average Monthly Income

A56 A57 A58 BEFORE YOU ENTERED THE TREATMENT CENTER THIS TIME, WHAT IS THE LONGEST TIME YOU EVER HELD A SPECIFIC FULL-TIME JOB?

________Months

A59 HAVE YOU EVER BEEN FIRED FROM A JOB?

(0) __No or If yes: _____The Actual Number of Times

IF YES, WHY?________________________________

_____ __ _ ________________________________

0/B1 2/B2	B1, B2	Card/Deck Number
B3 B4 B5 B6	B3-B6	Respondent Identification Number
0/B7 1/B8	B7, B8	Sample Number
0/B9 1/B10	B9, B10	Study Number

NOW WE WOULD LIKE SOME INFORMATION ABOUT YOUR ALCOHOL-RELATED PROBLEMS:

HOW OLD WERE YOU THE FIRST TIME ANY OF THE FOLLOWING PROBLEMS OCCURRED BECAUSE OF ALCOHOL?

B11 B12 MISSED TIME ON THE JOB BECAUSE OF DRINKING.

(00) ___Never or I was____years old

B13 B14 HOW MANY TIMES DID THIS HAPPEN? _______Times

DON'T WRITE IN THIS COLUMN

WERE DEMOTED BECAUSE OF DRINKING.

B15 B16

(00) ___Never or I was____years old

HOW MANY TIMES DID THIS HAPPEN? _______Number of times

B17 B18

WERE FIRED BECAUSE OF DRINKING.

B19 B20

(00) ___Never or I was____years old

B21 B22

HOW MANY TIMES DID THIS HAPPEN? _______Number of times

HAD AN AUTO ACCIDENT BECAUSE OF DRINKING.

B23 B24

(00) ___Never or I was____years old

HOW MANY TIMES DID THIS HAPPEN? _______Number of times

B25 B26

WERE PICKED UP FOR DRUNK DRIVING.

B27 B28

(00) ___Never or I was____years old

HOW MANY TIMES DID THIS HAPPEN? _______Number of times

B29 B30

WERE ARRESTED FOR PUBLIC INTOXICATION, DRUNK AND DISORDERLY OR ANY OTHER NON-DRIVING ALCOHOL ARREST.

B31 B32

(00) ___Never or I was____years old

B33 B34

HOW MANY TIMES DID THIS HAPPEN? _______Number of times

WERE SEPARATED OR DIVORCED FROM SPOUSE BECAUSE OF YOUR DRINKING PROBLEM.

B35 B36

(00) ___Never or I was____years old

HOW MANY TIMES DID THIS HAPPEN? _______Number of times

B37 B38

HAD TO GO TO THE HOSPITAL BECAUSE OF DRINKING. (Do Not Count Present Time)

B39 B40

(00) ___Never or I was____years old

HOW MANY TIMES DID THIS HAPPEN? _______Number of times

B41 B42

A DOCTOR TOLD YOU ALCOHOL HAD HARMED YOUR HEALTH.

B43 B44

(00) ___Never or I was____years old

B45 B46

HOW MANY TIMES DID THIS HAPPEN? _______Number of times

THE FIRST TIME YOU SERIOUSLY TRIED TO STOP DRINKING.

B47 B48

(00) ___Never or I was____years old

HOW MANY TIMES DID THIS HAPPEN? _______Number of times

B49 B50

DON'T WRITE IN THIS COLUMN

B51 B52 HOW MANY YEARS DO YOU THINK YOU HAD A DRINKING PROBLEM?

_______ Years

B53 B54 WHAT IS THE LONGEST PERIOD OF TIME IN MONTHS HAVE YOU CONSISTENTLY PARTICIPATED IN ALCOHOLICS ANONYMOUS?

_______ Months

B55 B56 WHAT IS THE LONGEST TIME IN MONTHS YOU HAVE EVER STAYED ON THE WAGON (ABSTAINED) AT ONE TIME SINCE YOU BEGAN HAVING PROBLEMS WITH ALCOHOL?

_______ Months

B57 B58 B59 WHAT IS THE LONGEST TIME IN DAYS YOU HAVE BEEN ABLE TO DRINK IN A "CONTROLLED WAY" WITHOUT GETTING DRUNK OR GETTING INTO TROUBLE SINCE YOU FIRST BEGAN HAVING PROBLEMS WITH ALCOHOL?

_______ Days

0 C1 3 C2 C1, C2 Card/Deck Number

C3 C4 C5 C6 C3-C6 Respondent Identification Number

0 C7 1 C8 C7, C8 Sample Number

0 C9 1 C10 C9, C10 Study Number

HAVE YOU EVER HAD ANY OF THE FOLLOWING PROBLEMS RELATED TO ALCOHOL?

Please Fill Out All Columns

		No (00)	YES (01)	IF YES, HOW MANY TIMES?	IF YES, HOW OLD WERE YOU 1ST TIME?
C11 C12 C13 C14	SHAKES THE "MORNING AFTER"?	___	___	___	___
C15 C16 C17 C18	HALLUCINATIONS (SEEING, HEARING, OR FEELING THINGS THAT WEREN'T THERE)?	___	___	___	___
C19 C20 C21 C22	CONVULSIONS (LOSING CONSCIOUSNESS AND FALLING ONTO THE FLOOR WITH A JERKING MOVEMENT OF YOUR ARMS AND LEGS)?	___	___	___	___
C23 C24 C25 C26	VOMITING BLOOD?	___	___	___	___
C27 C28 C29 C30	BLACKOUTS (CAN'T REMEMBER WHAT YOU DID WHILE YOU WERE DRINKING)?	___	___	___	___
C31 C32 C33 C34	DOCTOR SAID YOU HAD PANCREATITIS?	___	___	___	___
C35 C36 C37 C38	DOCTOR SAID YOU HAD LIVER PROBLEMS?	___	___	___	___
C39 C40 C41 C42	SAW A DOCTOR, PSYCHOLOGIST, SOCIAL WORKER, OR COUNSELOR TO HELP YOU STOP DRINKING?	___	___	___	___

C43 ARE THERE ANY OTHER PROBLEMS YOU'VE HAD WITH ALCOHOL THAT WE HAVEN'T ASKED ABOUT?

_____ No _____ Yes

C44 IF YES, PLEASE EXPLAIN.

____

DON'T WRITE IN THIS
COLUMN

WITHIN THE LAST MONTH, DID ALCOHOL CAUSE A PROBLEM FOR YOU WITH:

YOUR SPOUSE? (0) __No (1) __Yes
C45 (9) __Not applicable; I'm not married

YOUR CHILDREN? (0) __No (1) __Yes
C46 (9) __Not applicable; I'm not married

YOUR JOB? (0) __No (1) __Yes
C47 (9) __Not applicable; I have no job

YOUR HEALTH? (0) __No (1) __Yes
C48

THE POLICE? (0) __No (1) __Yes
C49

ANY OTHER PROBLEMS?
C50 (0) __No (1) __Yes

PLEASE EXPLAIN WHAT THOSE PROBLEMS ARE:
C51 ____
____

C52 C53 OVER THE LAST 6 MONTHS, HOW MANY DAYS IN THE AVERAGE MONTH WOULD YOU TAKE A DRINK?

_____ Days

C54 C55 OVER THE LAST 6 MONTHS, IN THE AVERAGE 24-HOUR PERIOD YOU WERE DRINKING, HOW MANY DRINKS WOULD YOU HAVE?

_____ Drinks NOTE: 1 Single Mixed Drink = 1 Drink
1 12 oz. Beer = 1 Drink

For Whiskey:

1 Shot = 1 Drink
a Pint = 10 Drinks
a Fifth = 16 Drinks

For Wine:

1 4 oz. wine = 1 Drink
a Pint = 3 Drinks
a Fifth = 6 Drinks
a half-gallon = 15 Drinks

C56 C57 OVER THE LAST 6 MONTHS, WHAT IS THE MOST NUMBER OF DRINKS YOU HAVE HAD IN 24 HOURS?

_____ Drinks

WHAT TYPE OF ALCOHOL DO YOU PREFER? (CHECK ONLY ONE)
C58

(1) ____Beer
(2) ____Wine
(3) ____Bourbon
(4) ____Scotch
(5) ____Tequila
(6) ____Vodka
(7) ____Gin
(8) ____Rum
(9) ____Other. Be Specific:______________
____

DON'T WRITE IN THIS
COLUMN

C59 C60 HOW OLD WERE YOU THE FIRST TIME YOU RECEIVED EMERGENCY ROOM CARE OR OTHER OUTPATIENT CARE FOR A PROBLEM RELATED TO YOUR DRINKING?

(00) ___Never or ____Years Old

C61 C62 HOW OLD WERE YOU THE FIRST TIME YOU WERE HOSPITALIZED FOR DIRECT TREATMENT OF YOUR DRINKING PROBLEM?

(00) ___Never or ____Years Old

C63 C64 HOW MANY TIMES IN ALL HAVE YOU BEEN AN INPATIENT BECAUSE OF YOUR DRINKING PROBLEM?

(00) ___Never or ____Number of Times

C65 C66 HOW LONG AGO, IN MONTHS, WAS THE LAST TIME YOU WERE DISCHARGED FROM AN INPATIENT ALCOHOLISM TREATMENT PROGRAM?

(00) ___Never or ____Number of Months

C67 WEREYOU EVER TREATED AT THE LA JOLLA V.A. ALCOHOL TREATMENT PROGRAM BEFORE?

(0) ____No ( ) ____Yes IF YES, HOW MANY TIMES IN ALL?_____Times

HOW MANY TIMES IN THE LAST 6 MONTHS HAVE YOU BEEN ARRESTED FOR:

C68 C69 DRUNK DRIVING (EVEN IF THE CHARGE WAS REDUCED OR DROPPED)?

(00) ___None or If yes:____Number of Times

C70 C71 DRUNKENNESS?

(00) ___None or If yes:____Number of Times

C72 C73 C74 IN THE LAST 6 MONTHS, HOW MANY NIGHTS, IF ANY, DID YOU SPEND IN THE HOSPITAL?

_____Nights

0 4
D1 D2 D1, D2 Card/Deck Number

D3-6 Respondent Identification Number
D3 D4 D5 D6

0 1
D7 D8 D7, D8 Sample Number

0 1
D9 D10 D9, D10 Study Number

NOW SOME QUESTIONS ABOUT YOUR USE OF DRUGS:

HOW MANY TIMES IN YOUR LIFE DO YOU ESTIMATE THAT YOU HAVE TAKEN THE FOLLOWING SUBSTANCES?

D11 D12 D13 MARIJUANA (INCLUDING HASHISH AND THC)?

(00) ___Never or ___Times

D14 D15 HALLUCINOGENS (LSD, MESCALINE, PEYOTE, MDA, DMT, TCP, STP PSILOCYBIN, ETC.)?

(00) ___Never or ___Times

D16 D17 BARBITURATES AND DOWNERS THAT WEREN'T PRESCRIBED FOR YOUR USE?

(00) ___Never or ___Times

D18 D19 ORAL AMPHETAMINES, RITALIN, INTRAVENOUS METHEDRINE ("SPEED"), DEXOXYN, DIET PILLS, AND OTHER AMPHETAMINES THAT WEREN'T PRESCRIBED FOR YOUR USE?

(00) ___Never or ___Times

D20 D21 OPIATES (HEROIN, PAREGORIC, ETC.)?

(00) ___Never or ___Times

DON'T WRITE IN THIS
COLUMN

SOLVENTS (GLUE, AEROSOLS, TOLUENE, GASOLINE, PAINT, ETC.)?

D22 D23 (00) ___Never or ___Times

MORNING GLORY SEEDS, NUTMEG, OR OTHER EXOTIC SUBSTANCES?

D24 D25 (00) ___Never or ___Times

COCAINE?

D26 D27 (00) ___Never or ___Times

ARE THERE ANY OTHERS? IF YES, WHICH ONES? ________________________

____

HAVE YOU EVER HAD ANY OF THE FOLLOWING PROBLEMS BECAUSE OF DRUG USE?

D28

___No ___Yes

If yes - check all problems you have had:

- ___MARITAL SEPARATION OR DIVORCE BECAUSE OF YOUR DRUG USE?
- ___LAID OFF FROM WORK OR FIRED BECAUSE OF YOUR DRUG USE?
- ___TWO OR MORE ARRESTS BECAUSE OF YOUR USE OF DRUGS OTHER THAN MARIJUANA?
- ___A DOCTOR HAS SAID THAT DRUGS HAVE HARMED YOUR HEALTH?
- ___USED DRUGS INTRAVENOUSLY?

HAVE YOU HAD ANY OTHER DRUG PROBLEM? IF SO, WHAT? ________________________

D29

____

D30 D31 D32 D33

IF YES, WHAT DRUGS WERE YOU TAKING FOR ANY OF THESE PROBLEMS?
(Check all that were associated with the problem)

D34 D35 D36

(1) ___Marijuana (including Hashish & THC)
(2) ___Hallucinogens (LSD, Mescaline, Peyote, MDA, DMT, TCP, STP, Psilocybin, Etc.)
(3) ___Barbiturates and Downers that Weren't Prescribed for Your Use
(4) ___Oral Amphetamines, Ritalin, Intravenous Methedrine ("Speed"), Dexoxyn, Diet Pills, and Other Amphetamines that Weren't Prescribed for your Use)
(5) ___Opiates (Heroin, Paregoric, Etc.)
(6) ___Solvents (Glue, Aerosols, Toluene, Amyl Nitrite, Etc.)
(7) ___Morning Glory Seeds, Nutmeg, or Other Exotic Substances
(8) ___Cocaine

HOW OLD WERE YOU THE FIRST TIME YOU HAD ANY OF THOSE DRUG RELATED PROBLEMS?

D37 D38

_____Years Old

NOW SOME QUESTIONS ABOUT ANY EMOTIONAL OR PSYCHIATRIC PROBLEMS YOU MAY HAVE HAD:

D39 D40

BEFORE ENTERING THE TREATMENT PROGRAM THIS TIME, WERE YOU EVER TREATED BY A MENTAL HEALTH WORKER SUCH AS A PSYCHIATRIST, PSYCHOLOGIST, SOCIAL WORKER? DO NOT COUNT TIMES YOU WERE IN THE HOSPITAL OR THE MAJOR PROBLEM WAS ALCOHOL OR DRUGS. (CHECK ALL THAT APPLY)

(0) ___No, Never Treated
(1) ___Yes, Psychiatrist
(1) ___Yes, Psychologist
(1) ___Yes, Social Worker
(2) ___Yes, Other
Please Specify: ________________

IF YES, WHY DID YOU SEE THEM? ________________________

____

____

DON'T WRITE IN THIS COLUMN

D41 D42 HOW MANY SESSIONS HAVE YOU HAD WITH ALL MENTAL HEALTH WORKERS ALTOGETHER? DO NOT COUNT TIMES WHEN YOU WERE IN THE HOSPITAL.

___Total Number of Sessions When Not in Hospital

D43 D44 HOW OLD WERE YOU THE FIRST TIME YOU SAW A MENTAL HEALTH WORKER?

___Years of Age

D45 WERE YOU EVER A PATIENT IN A PSYCHIATRIC HOSPITAL OR IN A GENERAL HOSPITAL FOR TREATMENT OF A MENTAL PROBLEM? DON'T COUNT TIMES WHERE THE MAJOR PROBLEM WAS ALCOHOL OR DRUGS.

(0) ___Never or ____Actual Number of Times

D46 D47 IF YES, HOW OLD WERE YOU THE FIRST TIME YOU WERE HOSPITALIZED?

___Years Old

D48 D49 HOW OLD WERE YOU THE MOST RECENT TIME YOU WERE HOSPITALIZED?

___Years Old

D50 D51 WHAT DIAGNOSES HAVE YOU RECEIVED?____

D52 D53 ____

D54 WERE YOU EVER DEPRESSED, SAD, BLUE, DESPONDENT, HOPELESS, "DOWN IN THE DUMPS", IRRITABLE, FEARFUL, WORRIED, OR DISCOURAGED CONSTANTLY FOR TWO WEEKS OR LONGER? DON'T COUNT TIMES WHEN YOU WERE DRINKING HEAVILY OR USING DRUGS EXCESSIVELY, EITHER PRESCRIBED OR ILLEGAL. BE CERTAIN YOU WERE DEPRESSED ALL DAY, EVERY DAY FOR TWO WEEKS.

(0) ___No (1) ___Yes

D55 D56 IF YES, HOW OLD WERE YOU THE FIRST TIME YOU HAD A DEPRESSION LIKE THIS?

___Years Old

D57 DID THIS PERIOD OF DEPRESSION SERIOUSLY INTERFERE WITH OR CAUSE A MAJOR DISRUPTION IN YOUR LIFE?

(0) ___No (1) ___Yes

D58 IF YES, WHAT WAS THE SPECIFIC PROBLEM THAT RESULTED FROM THE DEPRESSION (i.e., failed a course, had to drop out of school, was fired from a job, because of the depression)?

____

____

____

D59 D60 DID YOU EVER ATTEMPT SUICIDE?

(00) ___No or If yes: ____Actual Number of Times

D61 D62 IF YES, HOW OLD WERE YOU THE FIRST TIME?

___Years Old

D63 D64 HOW MANY OF THESE SUICIDE ATTEMPTS OCCURRED WHEN YOU WERE DRINKING?

___Number of Attempts When Drinking

DON'T WRITE IN THIS
COLUMN

D65 D66 HOW MANY OCCURRED WHEN YOU HAD NOT BEEN EVEN SLIGHTLY INTOXICATED FOR 7 DAYS OR MORE?

___Number of Attempts When Not Drinking

D67 D68 DID YOU HARM YOURSELF IN ANY ATTEMPT TO THE EXTENT THAT YOU NEEDED MEDICAL CARE?

(00) ___No or If yes: _____Actual Number of Times

IF YES, HOW OLD WERE YOU THE FIRST TIME?

D69 D70 ___Years Old

D71 DID YOU EVER FEEL AS IF YOUR MIND WAS BEING MANIPULATED OR ACTUALLY CONTROLLED BY SOME UNUSUAL OR MYSTERIOUS FORCE?

(0) ___No
(1) ___Yes, But Only When Drunk or Abusing Drugs
(2) ___Yes, Occurred When Not Drinking or Abusing Drugs

Please Describe:______________________________

____

D72 D73 IF YOU WERE NOT USING ALCOHOL OR DRUGS, HOW OLD WERE YOU THE FIRST TIME THIS HAPPENED?

___Years Old

D74 HAVE YOU EVER FELT INFLUENCED IN UNUSUAL WAYS, SUCH AS BY MACHINES, HYPNOSIS, RADAR WAVES, RADIO, TELEVISION OR NEWSPAPERS?

(0) ___No
(1) ___Yes, But Only When Drunk or Abusing Drugs
(2) ___Yes, Occurred When Not Drinking or Abusing Drugs

Please Describe:______________________________

____

D75 D76 IF YOU WERE NOT USING ALCOHOL OR DRUGS, HOW OLD WERE YOU THE FIRST TIME THIS HAPPENED?

____Years Old

0 5
E1 E2 E1, E2 Card/Deck Number

E3 E4 E5 E6 E3-E6 Respondent Identification Number

0 1
E7 E8 E7, E8 Sample Number

0 1
E9 E10 E9, E10 Study Number

WE ALSO NEED TO FIND OUT ABOUT ANY POLICE PROBLEMS YOU MAY HAVE HAD:

E11 HOW MANY MOVING TRAFFIC VIOLATIONS HAVE YOU HAD DURING THE PAST THREE YEARS?

(0) ___None or If yes: _____Actual Number of Violations

DON'T WRITE IN THIS
COLUMN

E12 HOW MANY MOVING TRAFFIC VIOLATIONS HAVE YOU HAD DURING THE LAST 6 MONTHS?

(0) ___None or If yes: _____Actual Number of Violations

E13 DO YOU HAVE A POLICE OR ARREST RECORD FOR OFFENSES COMMITTED PRIOR TO AGE 16? (COUNT EVEN THOSE ITEMS WHICH WERE SUBSEQUENTLY ERASED).

(0) ___None or If yes: _____Actual Number

E14 DO YOU HAVE A POLICE OR ARREST RECORD FOR ANY MISDEMEANOR (OTHER THAN A TRAFFIC TICKET) SINCE AGE 16?

(0) ___No or If yes: _____Actual Number

E15 DO YOU HAVE AN ADULT POLICE OR ARREST RECORD FOR ANY FELONY COMMITTED SINCE AGE 16?

(0) ___No or If yes: _____Actual Number

E16 E17 IN THE LAST 6 MONTHS, HAVE YOU BEEN ARRESTED FOR A CRIMINAL OFFENSE? DON'T COUNT DRIVING WHILE INTOXICATED OR DRUNKENNESS ARRESTS.

(0) ___No or If yes, how many times?__________

E18 HAVE YOU EVER SPENT THE NIGHT IN JAIL?

(0) ___No (1) ___Yes

E19 E20 E21 IF YES, WHAT IS THE LONGEST TIME YOU HAVE EVER BEEN IN JAIL AT ONE STRETCH?

_____Actual Number of Days

E22 E23 E24 HOW MANY NIGHTS HAVE YOU SPENT IN JAIL IN THE LAST 6 MONTHS?

_____Nights

E25 ARE YOU PRESENTLY ON POLICE PROBATION OR AWAITING A POLICE HEARING OR TRIAL?

(0) ___No (1) ___Yes

If yes, explain: ________________________________

____

____

DON'T WRITE IN THIS
COLUMN

NOW WE HAVE SOME QUESTIONS ABOUT YOUR PHYSICAL HEALTH:

E26 HOW HAS YOUR HEALTH BEEN MOST OF YOUR LIFE?

(1) ____Generally Bad
(2) ____Generally Fair
(3) ____Generally Good

E27 WHAT IS THE TOTAL NUMBER OF OPERATIONS YOU HAVE HAD DURING YOUR LIFE?

(0) ____None or If yes: _____Number of Operations

E28 DO YOU HAVE ANY PRESENT MEDICAL PROBLEMS FOR WHICH YOU ARE TAKING MEDICATION?

(0) ____No (1) ____Yes

IF YES, PLEASE EXPLAIN THE MEDICAL PROBLEM AND THE MEDICATION AND DOSAGE.

E29 E30 E31 E32 ____

E33 E34 E35 E36 ____

____

E37 ARE YOU ALLERGIC TO ANY MEDICATION?

(0) ____No (1) ____Yes

IF YES, WHICH MEDICATIONS ARE YOU ALLERGIC TO?

E38 ____

E39 HAVE YOU EVER HAD A REACTION TO A BLOOD TRANSFUSION?

(0) ____No, I never Had a Transfusion
(1) ____No, I Had a Transfusion, But Never Had a Reaction
(2) ____Yes, I Have Had a Transfusion Reaction

IF YES, PLEASE DESCRIBE THE REACTION:____________________________

____

NOW WE HAVE SOME QUESTIONS ABOUT YOUR FAMILY BACKGROUND:

UNTIL YOUR 18TH BIRTHDAY, HOW MANY YEARS WERE YOU RAISED BY YOUR

E40 E41 REAL (BIOLOGIC) FATHER? ( ) _____Years
E42 E43 REAL (BIOLOGIC) MOTHER? ( ) _____Years
E44 E45 FOSTER FATHER, STEPFATHER OR ADOPTIVE FATHER, OR ANY OTHER? ( ) _____Years
E46 E47 FOSTER MOTHER, STEPMOTHER OR ADOPTIVE MOTHER, OR ANY OTHER? ( ) _____Years

DON'T WRITE IN THIS
COLUMN

E48 WERE YOU LEGALLY ADOPTED?

(0) ___No (1) ___Yes

E49 E50 HOW MANY FULL SISTERS DO YOU HAVE WHO LIVED TO THEIR 21ST BIRTHDAY?

(00) ___None or _____Actual Number of Sisters

E51 E52 HOW MANY HALF-SISTERS DO YOU HAVE WHO LIVED TO THEIR 21ST BIRTHDAY? (A HALF-SISTER OR HALF-BROTHER HAS ONLY ONE PARENT THAT IS THE SAME AS YOUR OWN)

(00) ___None or _____Actual Number of Half-Sisters

0 6 F1 F2	F1, F2	Card/Deck Number
F3 F4 F5 F6	F3-F6	Respondent Identification Number
0 1 F7 F8	F7, F8	Sample Number
0 1 F9 F10	F9, F10	Study Number

<u>NOW WE HAVE SOME QUESTIONS ABOUT YOUR CLOSE RELATIVES---YOUR REAL PARENTS, FULL BROTHERS AND SISTERS AND YOUR NATURAL CHILDREN. IN ANSWERING THESE QUESTIONS ABOUT YOUR RELATIVES, DO NOT COUNT FOSTER OR ADOPTIVE PARENTS, HALF-BROTHERS AND SISTERS, ADOPTED CHILDREN, OR OTHER RELATIVES:</u>

F11 HAVE ANY OF YOUR CLOSE RELATIVES EVER BEEN DEPRESSED FOR TWO WEEKS OR MORE SO THAT THEY COULDN'T CARRY ON THEIR USUAL ACTIVITIES? DON'T COUNT TIMES WHEN THEY WERE DRINKING HEAVILY OR USING EITHER PRESCRIBED OR ILLEGAL DRUGS EXCESSIVELY.

(0) ___No (1) ___Yes

IF YES, FILL OUT THE ANSWERS FOR EACH OF YOUR RELATIVES WHO HAVE BEEN DEPRESSED FOR TWO WEEKS OR MORE.

		DEPRESSED		HOW OLD THE FIRST TIME	HOW OLD NOW
		NO (0)	YES (1)		
F12 F13 F14 F15 F16	FATHER	___	___	___	___
F17 F18 F19 F20 F21	MOTHER	___	___	___	___
F22 F23 F24 F25 F26	ANY BROTHER	___	___	___	___
F27 F28 F29 F30 F31	ANY SISTER	___	___	___	___
F32 F33 F34 F35 F36	ANY SON	___	___	___	___
F37 F38 F39 F40 F41	ANY DAUGHTER	___	___	___	___

NOTE: IF MORE THAN ONE BROTHER, SISTER OR CHILD WAS ILL, PLEASE GIVE INFORMATION ON EACH.

BEST COPY AVAILABLE

DON'T WRITE IN THIS
COLUMN

0 7
G1 G2 G1, G2 Card/Deck Number

G3 G4 G5 G6 C3-G6 Respondent Identification Number

0 1
G7 G8 G7, G8 Sample Number

0 1
G9 G10 G9, G10 Study Number

G11 HAVE ANY OF YOUR CLOSE RELATIVES EVER SEEN A PSYCHIATRIST, PSYCHOLOGIST, OR OTHER MENTAL HEALTH WORKER FOR TREATMENT OF A NERVOUS OR EMOTIONAL PROBLEM? DON'T COUNT FAMILY COUNSELING SESSIONS.

(0) ___No (1) ___Yes

IF YES, FILL OUT THE ANSWERS FOR EACH OF YOUR RELATIVES WHO HAVE SEEN A PSYCHIATRIST, PSYCHOLOGIST, OR OTHER MENTAL HEALTH WORKER FOR TREATMENT OF A NERVOUS OR EMOTIONAL PROBLEM.

		No (0)	Yes (1)	HOW OLD THE FIRST TIME	HOW OLD NOW	WHAT WERE THEIR SYMPTOMS
G12 G13 G14 G15 G16 G17	FATHER					
G18 G19 G20 G21 G22 G23	MOTHER					
G24 G25 G26 G27 G28 G29	ANY BROTHER					
G30 G31 G32 G33 G34 G35	ANY SISTER					
G36 G37 G38 G39 G40 G41	ANY SON					
G42 G43 G44 G45 G46 G47	ANY DAUGHTER					

NOTE: IF MORE THAN ONE BROTHER, SISTER OR CHILD SAW A MENTAL HEALTH WORKER, PLEASE GIVE INFORMATION ON EACH.

0 8
H1 H2 H1, H2 Card/Deck Number

H3 H4 H5 H6 H3-H6 Respondent Identification Number

0 1
H7 H8 H7, H8 Sample Number

0 1
H9 H10 H9, H10 Study Number

H11 HAVE ANY OF YOUR CLOSE RELATIVES EVER BEEN A PATIENT IN A MENTAL HOSPITAL OR IN A GENERAL HOSPITAL FOR TREATMENT OF A NERVOUS OR MENTAL PROBLEM?

(0) ___No (1) ___Yes

IF YES, FILL OUT THE ANSWERS FOR EACH OF YOUR RELATIVES WHO HAVE BEEN A PATIENT IN A MENTAL HOSPITAL OR IN A GENERAL HOSPITAL FOR TREATMENT OF A NERVOUS OR MENTAL PROBLEM.

DON'T WRITE IN THIS COLUMN		HOSPITALIZED? No (0)	HOSPITALIZED? Yes (1)	HOW OLD THE FIRST TIME	HOLD OLD NOW	SYMPTOMS
H12 H13 H14 H15 H16 H17	FATHER	____	____	____	____	____
H18 H19 H20 H21 H22 H23	MOTHER	____	____	____	____	____
H24 H25 H26 H27 H28 H29	ANY BROTHER	____	____	____	____	____
H30 H31 H32 H33 H34 H35	ANY SISTER	____	____	____	____	____
H36 H37 H38 H39 H40 H41	ANY SON	____	____	____	____	____
H42 H43 H44 H45 H46 H47	ANY DAUGHTER	____	____	____	____	____

NOTE: IF MORE THAN ONE BROTHER, SISTER OR CHILD WAS HOSPITALIZED, PLEASE GIVE INFORMATION ON EACH.

0 9 I1 I2	I1, I2	Card/Deck Number
I3 I4 I5 I6	I3-I6	Respondent Identification Number
0 1 I7 I8	I7, I8	Sample Number
0 1 I9 I10	I9, I10	Study Number

THE FOLLOWING IS A LIST OF PROBLEMS THAT PEOPLE MIGHT HAVE BECAUSE OF THEIR OWN DRINKING:

Marital Separation or Divorce Because of Their Drinking.

Laid off from Work or Fired Because of Their Drinking.

Two or More Drunk Driving Arrests Because of Their Drinking.

Two or More Arrests for Public Intoxication, Drunk and Disorderly Conduct, Etc., Because of Their Drinking.

Doctor Said Alcohol Had Harmed Their Health.

HAVE ANY OF YOUR CLOSE RELATIVES EVER HAD ANY OF THESE PROBLEMS?

I11 (0) ____ No (1) ____ Yes

IF YES, FILL OUT THE ANSWERS FOR EACH OF YOUR RELATIVES WHO HAVE HAD THESE PROBLEMS.

		DRINKING PROBLEM No (0)	DRINKING PROBLEM Yes (1)	HOW OLD THE FIRST TIME	HOW OLD NOW	NUMBER OF PROBLEMS
I12 I13 I14 I15 I16 I17	FATHER	____	____	____	____	____
I18 I19 I20 I21 I22 I23	MOTHER	____	____	____	____	____
I24 I25 I26 I27 I28 I29	ANY BROTHER	____	____	____	____	____
I30 I31 I32 I33 I34 I35	ANY SISTER	____	____	____	____	____
I36 I37 I38 I39 I40 I41	ANY SON	____	____	____	____	____
I42 I43 I44 I45 I46 I47	ANY DAUGHTER	____	____	____	____	____

NOTE: IF MORE THAN ONE BROTHER, SISTER OR CHILD HAD THESE PROBLEMS, PLEASE GIVE INFORMATION ON EACH.

DON'T WRITE IN THIS
COLUMN

DID ANY OF YOUR CLOSE RELATIVES HAVE ANY OTHER ALCOHOL PROBLEMS?

I48 (0) ___ No (1) ___ Yes

IF YES, TELL US WHICH RELATIVES, THEIR PRESENT AGE AND WHAT PROBLEM THEY HAD.

____

____

____

		1 J1	0 J2	J1, J2	Card/Deck Number
J3	J4	J5	J6	J3-J6	Respondent Identification Number
		0 J7	1 J8	J7, J8	Sample Number
		0 J9	1 J10	J9, J10	Study Number

THE FOLLOWING IS A LIST OF PROBLEMS THAT PEOPLE MIGHT HAVE BECAUSE OF THEIR OWN DRUG MISUSE:

Marital Separation or Divorce Because of Their Drug Use.
Laid off From Work or Fired Because of Their Drug Use.
Two or More Arrests Because of Their Use of Drugs Other than Marijuana.
Doctor Said Drugs Had Harmed Their Health.
Used Drugs Intravenously (by needle).

HAVE ANY OF YOUR CLOSE RELATIVES EVER HAD ANY OF THESE PROBLEMS?

J11 (0) ___ No (1) ___ Yes

IF YES, FILL OUT THE ANSWERS FOR EACH OF YOUR RELATIVES WHO HAVE HAD THESE PROBLEMS.

		DRUG PROBLEM		HOW OLD THE FIRST TIME	HOW OLD NOW	NUMBER OF PROBLEMS
		No (0)	Yes (1)			
J12 J13 J14 J15 J16 J17	FATHER	___	___	___	___	___
J18 J19 J20 J21 J22 J23	MOTHER	___	___	___	___	___
J24 J25 J26 J27 J28 J29	ANY BROTHER	___	___	___	___	___
J30 J31 J32 J33 J34 J35	ANY SISTER	___	___	___	___	___
J36 J37 J38 J39 J40 J41	ANY SON	___	___	___	___	___
J42 J43 J44 J45 J46 J47	ANY DAUGHTER	___	___	___	___	___

NOTE: IF MORE THAN ONE BROTHER, SISTER OR CHILD HAD THESE PROBLEMS, PLEASE GIVE INFORMATION ON EACH.

DID ANY OF YOUR CLOSE RELATIVES HAVE ANY OTHER DRUG PROBLEMS?

J48 (0) ___ No (1) ___ Yes

IF YES, TELL US WHICH RELATIVES, THEIR PRESENT AGE AND WHAT PROBLEM THEY HAD.

____

____

____

AGREEMENT TO PARTICIPATE IN EVALUATION FOLLOW-UP

OMB No. [illegible]
Approval expires [illegible]
RCS 11-1[illegible]-5

SERIAL I.D. NO.	ALTERNATE I.D. NO.

I have decided to enter treatment at the Veterans Administration Hospital and agree to participate in follow-up interviews periodically after my admission to let the Veterans Administration staff know how I am getting along. I understand that I may withdraw from this treatment program at any time; however, I will still cooperate in providing information on how I am doing, whether or not I am in treatment at that time. I further understand that not all of the patients signing this agreement form will be followed up, but if I am among those to be interviewed, the first interview will be scheduled six months from my admission date. I know that my consent to provide or not to provide follow-up information will not affect my eligibility for treatment.

I am providing an address and telephone number where I believe I can be located six months from now. I will let the staff in this program know of any change in my address or phone number during this period so that someone either from the Veterans Administration or representing the VA can contact me.

PATIENT'S NAME *(Print or type)*	PATIENT'S SIGNATURE	DATE

PHONE NO. *(Include area code)*	ADDRESS *(Street, city, state, zip code)*

LOCATOR ASSISTANCE

I am providing the name of a relative or friend that the VA may contact to help locate me at the time of my follow-up if I cannot be reached at my address. I understand that during the course of my treatment I may substitute the name of a different person to be this contact.	I am providing the name of a relative or friend that the VA may contact to help locate me at the time of my follow-up if I cannot be reached at my address. I understand that during the course of my treatment I may substitute the name of a different person to be this contact.
NAME OF RELATIVE OR FRIEND TO CONTACT	NAME OF RELATIVE OR FRIEND TO CONTACT
ADDRESS *(Street, city, state, zip code)*	ADDRESS *(Street, city, state, zip code)*
PHONE NO. *(Include area code)*	PHONE NO. *(Include area code)*
May this person be interviewed at the time of your follow-up about how you are getting along? *(Please check one)*	May this person also be interviewed at the time of your follow-up about how you are getting along? *(Please check one)*
☐ Yes, you may talk with this person about how I am doing.	☐ Yes, you may talk with this person about how I am doing.
☐ No, I prefer that you NOT interview this person about how I am getting along.	☐ No, I prefer that you NOT interview this person about how I am getting along.

VA FORM MAY 1975 10-7984a

PATIENT'S NAME, SOC. SEC. NO. AND FACILITY NAME

The social security number requested on this form will be used for identification of records and administration of veterans' benefits. Although disclosure is voluntary, failure to furnish this number may delay processing and action required by title 38, United States Code.

ALCOHOL TREATMENT PROGRAM (ATP) FAMILY HISTORY INTERVIEW

Author: Marc A. Schuckit

Assessment Areas Covered: Drinking history, drug use history, alcohol-related problems, demographics, antisocial behavior, family history of psychiatric disorders, treatment history, diagnosis

Administration: Face-to-face interview (approximately 40 minutes), voluntary, subject identification material included, at screening and intake

Design Features: A highly structured interview to be used by a trained interviewer who is expected to probe for incomplete answers and inconsistencies; 92 multiple-choice, completion, and yes/no items.

Abstract: This is a face-to-face interview to be administered by a trained interviewer. The purpose is to allow for the assignment of primary and secondary psychiatric diagnoses (e.g., antisocial personality disorder, affective disorder, alcoholism, drug abuse) and to document the course of problems and treatments received. This interview form covers the same material as the ATP Intake Questionnaire but allows for greater depth of exploration of answers due to the face-to-face interview format.

Related Published Reports:

Schuckit, M.A. The history of psychotic symptoms in alcoholics. Journal of Clinical Psychiatry, 43:53-57, 1982.

Schuckit, M.A. Alcoholic men with no alcoholic first-degree relatives. American Journal of Psychiatry, 104:439-443, 1983.

Schuckit, M.A. A study of alcoholics with secondary depression. American Journal of Psychiatry, 140:711-714, 1983.

Schuckit, M.A.; Morrison, C.R.; and Gold, E.O. A pragmatic alcoholism treatment outcome scale. American Journal of Drug and Alcohol Abuse, 10:125-131, 1983.

Schuckit, M.A. The relationship between the course of primary alcoholism and family history. Journal of Studies on Alcohol, 45:1-8, 1984.

Schuckit, M.A. A one-year followup of alcoholics given disulfiram. Journal of Studies on Alcohol, 46(3), 1985.

Availability Source: Marc A. Schuckit, M.D., Department of Psychiatry (116A), Veterans Administration Medical Center, 3350 La Jolla Village Drive, San Diego, California 92161. There is no fee for use.

ATP FAMILY HISTORY INTERVIEW

INTRODUCTION

The staff of the Alcohol Treatment Program is interested in offering the maximum care possible to every patient. To do this, we recognize that not everyone is identical. Therefore, in order to help us understand more about the differences between our patients, we developed the questionnaire you filled out when you entered the program.

We are now in the process of expanding upon that information. We are also interested in checking to see whether the original questionnaire was as clear and easy to understand as we would like. In order to do these two things we have developed this interview which covers new material you've not shared with the program before and some background information you may have already indicated on the questionnaire.

If you have any questions please interrupt me. We very much appreciate your taking the time to talk with me.

__ __ NAME______________________________________DATE______

__ __ __ __ SOCIAL SECURITY #__________________INTERVIEW #__________

__ __ PERMANENT ADDRESS:____________________________________

__ __ __ __ ____

__ __ PHONE NUMBER:____

NAME, ADDRESS & PHONE NUMBER OF YOUR NATURAL MOTHER:_________

____

____

NAME, ADDRESS & PHONE NUMBER OF YOUR FULL BROTHER/SISTER:_____

____

____

NAME, ADDRESS & PHONE NUMBER OF ANOTHER PERSON WHO MIGHT KNOW SOMETHING ABOUT YOUR BACKGROUND AND MIGHT KEEP IN TOUCH WITH YOU OVER THE NEXT 3 TO 5 YEARS:

____

____

____

A1 A2

A3 A4 A5 A6

A7 A8

FIRST, SOME QUESTIONS ABOUT YOUR BACKGROUND.

1. HOW OLD ARE YOU? __________Years Old.

A9 A10

A11 A12

2. WHAT IS YOUR USUAL OCCUPATION? (Interviewer: please describe as completely as possible what it is. Write this description below and then circle the closest category.)

____

____

(01)___Doctor, Lawyer, Ph.D., Artist, Musician, Clergyman or Other Professional
(02)___Teacher, Engineer, Military Officer, Social Worker, Accountant
(03)___Owner of Large Business Executive, Bank, Etc.
(04)___Owner of Small Business, Law Enforcement, Police Officer, Etc.
(05)___Bookkeeper, Salesman, Real Estate/Insurance Agent, Other Clerical-Sales, Etc.
(06)___Skilled and Semi-Skilled: Carpenter, Mechanic, Electrician, Plumber, Enlisted Military, Etc.
(07)___Unskilled: Janitor, Laborer, Truck Driver, Odd Jobs, Farm Hand, Waiter, Bartender, Etc.
(08)___Farming/Forestry: Commercial Fisherman, Forest Ranger, Landscape Gardner, Farmer, Etc.
(09)___Service: Maid or Butler
(10)___Housewife
(11)___Other - Explain Specific Job and Degree or Training Required:

____

____

3. WHAT IS YOUR PRESENT MARITAL STATUS?

A13

(1)___Single (04)___Separated

(2)___Married (05)___Divorced

(3)___Widowed

4. HOW MANY TIMES HAVE YOU BEEN MARRIED?

A14

(0)___None or _____Actual Number of Times

5. WHAT IS YOUR PRESENT RELIGION?

A15

(1)___Baptist (6)___Catholic
(2)___Methodist (7)___Jewish
(3)___Lutheran (8)___Other---Which One?______________________
(4)___Episcopalian (9)___None
(5)___Other Protestant

6. ARE YOU CURRENTLY PRACTICING YOUR RELIGION?

A16

(0)___No (1)___Yes

7. WHAT DO YOU CONSIDER TO BE YOUR ETHNIC ORIGIN?

A17

(1)___Mexican-American/Chicano (5)___American Indian/Native American
(2)___Puerto Rican (6)___Oriental
(3)___Other Caucasian/White (7)___Malayan/Filipino
(4)___Negro/Black (8)___Eskimo

NEXT, SOME QUESTIONS ABOUT YOUR VERY EARLY LIFE EXPERIENCES.

8. AFTER BIRTH, WERE YOU PLACED IN AN INCUBATOR?

A18 A19

(00)____No IF SO, FOR HOW LONG? ________________Days.

9. DID YOU HAVE ANY CONGENITAL MALFORMATIONS?

(0)___No ___Yes

IF YES, WHAT?

A20 A21

(1)___Cleft Lip or Palate
(2)___Hole in your heart (ASD or VSD)
A22 A23
(3)___Cross-eyed
(4)___Fused fingers or toes
A24 A25
(5)___Hypospadias (Penis not fused properly)
(6)___Undescended testes
(7)___Hernia

(8)
(9)
(10)
(11)
(12)
(13)___Other:______________________
____

A26 10. DID YOU DEVELOP ANY INFECTIONS THAT NEEDED TREATMENT DURING YOUR FIRST FEW DAYS OF LIFE?

(0)___No (1)___Yes

IF YES, WHAT?______________________________________

A27 11. ON WHAT DAY OF LIFE DID YOU COME HOME FROM THE HOSPITAL? ___________Day

A28 A29 12. HOW OLD WERE YOU WHEN YOU FIRST ATTENDED SCHOOL? ___________Years Old.

A30 A31 13. HOW MANY YEARS OF GRADE AND HIGH SCHOOL DID YOU COMPLETE?

______Actual Number of Years Completed. NOTE: "12" Years Means High School Graduate.

A32 14. IF YOU DID NOT GRADUATE FROM HIGH SCHOOL, DID YOU PASS A HIGH SCHOOL EQUIVALENCY TEST?

(0)____No (1)____Yes (9)____Not applicable. I graduated from high school.

A33 15. HOW MANY YEARS OF COLLEGE DID YOU COMPLETE? _________Actual Number of Years Completed.

A34 A35 16. DURING YOUR LAST TWO YEARS WHILE IN JR. HIGH OR HIGH SCHOOL, ON THE AVERAGE HOW MANY TIMES A MONTH WOULD YOU PLAY HOOKY? (Don't Count College) (Missed at least 1/2 day of classes.)

(00)___Never or ______Actual Number of Times

A36 17. WERE YOU EVER SUSPENDED OR EXPELLED FROM GRADE SCHOOL OR HIGH SCHOOL?

(0)___Never If yes: _____Actual Number of Times

A37 18. BEFORE YOU WERE 16, DID YOU EVER RUN AWAY FROM HOME AT LEAST OVERNIGHT?

(0)___Never or If yes: _______Actual Number of Times

A38 19. WERE YOU EVER PLACED IN A REFORM SCHOOL?

(0)___Never or If yes: _______Actual Number of Times

A39 A40 20. DID YOUR PARENTS EVER REPEATEDLY SAY THAT YOU WERE UNMANAGEABLE, INCORRIGIBLE, OR THAT THEY WERE UNABLE TO CONTROL YOU?

(00)___Never or If yes: _____HOW OLD WERE YOU WHEN YOUR PARENTS FIRST SAID THIS?

A41 21. HAVE YOU EVER HURT ANYONE IN A FIGHT BADLY ENOUGH SO THAT THEY NEEDED TO SEE A DOCTOR?

(0)___No or If yes: _____Actual Number of Times in All

A42 IF YES, DID YOU EVER DO THIS WHEN INTOXICATED?

(0)____No ______Actual Number of Times When Intoxicated

A43 22. EXCEPT IN MILITARY ACTION OR BATTLE, HAVE YOU EVER USED A WEAPON IN A FIGHT LIKE A GUN, A KNIFE, A CLUB OR BOARD, ETC.

(0)___No If yes _______Actual Number of Times in All

A44 IF YES, DID YOU EVER DO THIS WHEN YOU WERE INTOXICATED?

(0)____No ______Actual Number of Times When Intoxicated

23. DO YOU HAVE A POLICE OR ARREST RECORD FOR OFFENSES COMMITTED PRIOR TO AGE 16?
A45 A46 (Count EVEN THOSE ITEMS WHICH WERE SUBSEQUENTLY ERASED.)

(0)___None or If Yes: ____________Actual Number

24. DO YOU HAVE A POLICE OR ARREST RECORD FOR ANY MISDEMEANOR (OTHER THAN A TRAFFIC TICKET)
A47 A48 SINCE AGE 16? (Exclusive of alcohol and drug related arrests.)

(0)___None or If Yes: ____________Actual Number

25. DO YOU HAVE AN ADULT POLICE OR ARREST RECORD FOR ANY FELONY COMMITTED SINCE AGE 16? (Exclusive of alcohol and drug related arrests.)
A49 A50

(0)___None or If Yes: ____________Actual Number

26. OVER THE LAST 6 MONTHS HOW MANY DAYS DID YOU WORK? (120 working days.)
A51 A52 A53

______FULL-TIME (8 hours per day) ______PART-TIME (Less than 8)
A54 A55 A56

27. WHAT WAS YOUR AVERAGE TOTAL MONTHLY INCOME OVER THE LAST SIX MONTHS?
A57 A58 A59 A60

____________________Average Monthly Income

NOW WE WOULD LIKE INFORMATION ABOUT YOUR ALCOHOL-RELATED PROBLEMS:

28. WERE YOU EVER DEMOTED ON A JOB BECAUSE OF DRINKING?
A61 A62

(00)___Never or I was________years old the first time.

HOW MANY TIMES DID THIS HAPPEN? __________NUMBER OF TIMES.
A63 A64

HOW MANY TIMES IN THE LAST SIX MONTHS? __________Number of times.
A65 A66

* 29. WERE YOU EVER FIRED BECAUSE OF DRINKING?
A67 A68

(00)___Never or I was________years old the first time.

HOW MANY TIMES DID THIS HAPPEN? _________NUMBER OF TIMES.
A69 A70

HOW MANY TIMES IN THE LAST SIX MONTHS? _______Number of times.
A71 A72

30. HAVE YOU EVER HAD AN AUTO ACCIDENT BECAUSE OF DRINKING?
A73 A74

(00)___Never or I was________years old the first time.

HOW MANY TIMES DID THIS HAPPEN? _________NUMBER OF TIMES
A75 A76

HOW MANY TIMES IN THE LAST SIX MONTHS? ___________Number of times.
A77 A78

B1 B2

B3 B4 B5 B6

B7 B8

* 31. WERE YOU EVER PICKED UP FOR DRUNK DRIVING?
B9 B10

(00)___Never or I was______years old the first time. How old the 2nd time?__________ years old

HOW MANY TIMES DID THIS HAPPEN? __________NUMBER OF TIMES
B11 B12

HOW MANY TIMES IN THE LAST SIX MONTHS? ___________Number of times.
B13 B14

* 32. WERE YOU EVER ARRESTED FOR PUBLIC INTOXICATION, DRUNK AND DISORDERLY CONDUCT, OR ANY OTHER
B15 B16 NON-DRIVING ALCOHOL ARREST.

(00)___Never or I was _______years old the first time. How old the 2nd time?_________ years old

HOW MANY TIMES DID THIS HAPPEN? _________NUMBER OF TIMES.
B17 B18

HOW MANY TIMES IN THE LAST SIX MONTHS? _________Number of times.
B19 B20

* 33. WERE YOU EVER SEPARATED 1 MONTH OR MORE OR DIVORCED FROM YOUR SPOUSE BECAUSE OF YOUR DRINKING PROBLEM?

B21 B22 (00)___Never Or I was ________years old the first time.

HOW MANY TIMES DID THIS HAPPEN? __________NUMBER OF TIMES.

B23 B24 HOW MANY TIMES IN THE LAST SIX MONTHS? __________Number of times.

B25 B26

* 34. HAVE YOU EVER GONE TO THE HOSPITAL BECAUSE OF DRINKING? (Do not count present time.)
(Do not count accidents.)

B27 B28 (00)___Never or I was _______years old the first time.

HOW MANY TIMES DID THIS HAPPEN? __________NUMBER OF TIMES.

B29 B30 HOW MANY TIMES IN THE LAST SIX MONTHS? __________Number of times.

B31 B32

* 35. HAS A DOCTOR EVER TOLD YOU ALCOHOL HAD HARMED YOUR HEALTH?

B33 B34 (00)___Never or I was ________years old the first time.

HOW MANY TIMES DID THIS HAPPEN? _________NUMBER OF TIMES.

B35 B36 HOW MANY TIMES IN THE LAST SIX MONTHS? ___________Number of times.

B37 B38

36. HAVE YOU EVER SPENT A NIGHT IN JAIL (8 or more hours) BECAUSE OF ALCOHOL?

B39 B40 (00)___Never or I was __________years old the first time.

HOW MANY TIMES DID THIS HAPPEN? __________NUMBER OF TIMES.

B41 B42 HOW MANY TIMES IN THE LAST SIX MONTHS? __________Number of times.

B43 B44

37. WHAT IS THE LONGEST PERIOD OF TIME IN MONTHS THAT YOU HAVE CONSISTENTLY PARTICIPATED IN ALCOHOLICS ANONYMOUS? ____________________MONTHS. B45 B46

38. WHAT IS THE LONGEST TIME IN DAYS YOU HAVE EVER STAYED ON THE WAGON (ABSTAINED) AT ONE TIME SINCE YOU BEGAN HAVING PROBLEMS WITH ALCOHOL? ________________ Days B47 B48 B49 B50

39. IN THE LAST 6 MONTHS WHAT IS THE LONGEST PERIOD OF TIME YOU HAVE STAYED ON THE WAGON? ______________________ Days. B51 B52 B53

40. WHAT AGES WERE YOU DRY FOR 3 OR MORE MONTHS AT A TIME? ________ TO _________ B54 B55 B56 B57

INTERVIEWER: Record any others on facing page. ________ TO _________ B58 B59 B60 B61

________ TO _________ B62 B63 B64 B65

41. SINCE YOU FIRST BEGAN HAVING PROBLEMS WITH ALCOHOL WHAT IS THE LONGEST TIME IN DAYS YOU HAVE BEEN ABLE TO DRINK IN A "CONTROLLED WAY" WITHOUT GETTING DRUNK OR GETTING INTO TROUBLE. B66 B67 B68 B69

_______________________DAYS.

42. OUT OF THE LAST SIX MONTHS, HOW MANY MONTHS DID YOU TAKE A DRINK IN? _________Months.

B70

42a. IN THE MONTHS YOU WERE DRINKING, HOW MANY DAYS ON THE AVERAGE WOULD YOU TAKE A DRINK? ________ Days B71 B72

43. OVER THE LAST 6 MONTHS, IN THE AVERAGE 24-HOUR PERIOD YOU WERE DRINKING, HOW MANY DRINKS WOULD YOU HAVE?

B73 B74 __________Drinks. NOTE: 1 Single Mixed Drink = 1 Drink
1 12 oz. Beer = 1 Drink

For Whiskey:
1 Shot = 1 Drink
a Pint = 10 Drinks
a Fifth = 16 Drinks

For Wine:
1 4 oz. wine = 1 Drink
a Pint = 3 Drinks
a Fifth = 6 Drinks
a Half-gallon = 15 Drinks

44. OVER THE LAST 6 MONTHS, WHAT IS THE MOST NUMBER OF DRINKS YOU HAVE HAD IN 24 HOURS? __________ - ________Drinks. B75 B76

44A INTERVIEWER: WHAT IS THE AGE OF ONSET OF ALCOHOLISM? (Q. 29, 31-35). B77 B78

BEST COPY AVAILABLE

C1 C2

C3 C4 C5 C6

C7 C8

NOW SOME QUESTIONS ABOUT YOUR USE OF DRUGS OTHER THAN ALCOHOL:

HOW MANY TIMES IN YOUR LIFE DO YOU ESTIMATE THAT YOU HAVE TAKEN THE FOLLOWING SUBSTANCES:

45. MARIJUANA (INCLUDING HASHISH AND THS)?

C9 C10 (00)___Never or __________Times.

46. HALLUCINOGENS (LSD, MESCALINE, PEYOTE, MDA, DMT, PCP, STP PSILOCYBIN, ETC)?

C11 C12 (00)___Never or __________Times.

47. BARBITURATES AND DOWNERS THAT WEREN'T PRESCRIBED FOR YOUR USE?

C13 C14 (00)___Never or _______Times.

48. ORAL AMPHETAMINES, RITALIN, INTRAVENOUS METHEDRINE ("SPEED"), DESOXYN, DIET PILLS, AND OTHER AMPHETAMINES THAT WEREN'T PRESCRIBED FOR YOUR USE? C15 C16

(00)___Never or _______Times.

49. OPIATES (HEROIN, PAREGORIC, ETC.)?

C17 C18 (00)___Never or _______Times.

50. SOLVENTS (GLUE, AEROSOLS, TOLUENE, GASOLINE, PAINT, ETC.)?

C19 C20 (00)___Never or _______Times.

51. COCAINE?

C21 C22 (00)___Never or _______Times.

52. ARE THERE ANY OTHERS? IF YES, WHICH ONES?______________________________

C23 C24 ______________________________

53. HAVE YOU EVER HAD ANY OF THE FOLLOWING PROBLEMS BECAUSE OF DRUG USE OTHER THAN ALCOHOL?

C25 (0)___No ____Yes IF YES, CHECK ALL PROBLEMS YOU HAVE HAD:

____MARITAL SEPARATION OR DIVORCE BECAUSE OF YOUR DRUG USE?
____LAID OFF FROM WORK OR FIRED BECAUSE OF YOUR DRUG USE?
____TWO OR MORE ARRESTS BECAUSE OF YOUR USE OF DRUGS OTHER THAN MARIJUANA?
____A DOCTOR HAS SAID THAT DRUGS HAVE HARMED YOUR HEALTH?
____USED DRUGS INTRAVENOUSLY?

54. HAVE YOU HAD ANY OTHER DRUG PROBLEM? IF SO, WHAT?______________________________

C26 ______________________________

55. IF YES, WHAT DRUGS WERE YOU TAKING WHEN YOU HAD THESE PROBLEMS?
C27 C28 C29 C30 (Check all that were associated with the problem.)

(1)___Marijuana (including Hashish & THC)
(2)___Hallucinogens (LSD, Mescaline, Peyote, MDA, DMT, PCP, STP, Psilocybin, Etc.)
(3)___Barbiturates and Downers that Weren't Prescribed for Your Use
(4)___Oral Amphetamines, Ritalin, Intravenous Methedrine ("Speed"), Desoxyn, Diet Pills, and Other Amphetamines that Weren't Prescribed for Your Use.
(5)___Opiates (Heroin, Paregoric, Etc.)
(6)___Solvents (Glue, Aerosols, Toluene, Amyl Nitrite, Etc.)
(7)___Cocaine
(8)___Other:____________________ _ ______________________________

56. HOW OLD WERE YOU THE FIRST TIME YOU HAD ANY OF THESE DRUG RELATED PROBLEMS?

C31 C32 __________Years Old

BEST COPY AVAILABLE

NOW SOME QUESTIONS ABOUT ANY EMOTIONAL OR PSYCHIATRIC PROBLEMS YOU MAY HAVE HAD:

C33 57. BEFORE ENTERING THE TREATMENT PROGRAM THIS TIME, WERE YOU EVER TREATED BY A MENTAL HEALTH WORKER SUCH AS A PSYCHIATRIST, PSYCHOLOGIST, OR SOCIAL WORKER? DO NOT COUNT TIMES YOU WERE IN THE HOSPITAL OR THE MAJOR PROBLEM WAS ALCOHOL OR DRUGS. (CHECK ALL THAT APPLY)

(0)___No, Never Treated.
(1)___Yes, Psychiatrist
(2)___Yes, Psychologist
(3)___Yes, Social Worker
(4)___Yes, Other
Please Specify:____________________________
____

IF YES, WHY DID YOU SEE THEM? ____________________________________
____

C34 C35 HOW MANY SESSIONS HAVE YOU HAD WITH ALL MENTAL HEALTH WORKERS ALTOGETHER? DO NOT COUNT TIMES WHEN YOU WERE IN THE HOSPITAL

__________Total Number of Sessions When Not in Hospital.

C36 C37 HOW OLD WERE YOU THE FIRST TIME YOU SAW A MENTAL HEALTH WORKER?________Years of Age

C38 C39 58. WERE YOU EVER HOSPITALIZED FOR TREATMENT OF A MENTAL PROBLEM? DON'T COUNT TIMES WHERE THE MAJOR PROBLEM WAS ALCOHOL OR DRUGS.

(00)___Never or ______Actual Number of Times

C40 C41 IF YES, HOW OLD WERE YOU THE FIRST TIME YOU WERE HOSPITALIZED? ________Years Old.

C42 C43 HOW OLD WERE YOU THE MOST RECENT TIME YOU WERE HOSPITALIZED? ________Years Old.

WHAT WERE YOUR SYMPTOMS? ____
____
____

C44 59. WERE YOU EVER DEPRESSED, SAD, BLUE, DESPONDENT, HOPELESS, "DOWN IN THE DUMPS", IRRITABLE, FEARFUL, WORRIED, OR DISCOURAGED CONSTANTLY FOR TWO WEEKS OR LONGER? BE CERTAIN YOU WERE DEPRESSED ALL DAY, EVERY DAY FOR TWO WEEKS.

(0)____No (1)___Yes (2)____Yes, But Only When Drinking or Abusing Drugs.

C45 C46 IF YES, HOW OLD WERE YOU THE FIRST TIME YOU HAD A DEPRESSION LIKE THIS? _____Years Old.

C47 DID THIS PERIOD OF DEPRESSION SERIOUSLY INTERFERE OR CAUSE A MAJOR DISRUPTION IN YOUR LIFE?

(0)____No (1)___Yes IF YES, WHAT WAS THE SPECIFIC PROBLEM THAT RESULTED FROM THE DEPRESSION (i.e., failed a course, had to drop out of school, was fired from a job because of the depression)?

____
____

IF YOU WERE DEPRESSED ALL DAY EVERY DAY FOR 2 WEEKS OR LONGER, DID YOU HAVE ANY OF THE FOLLOWING SYMPTOMS OCCURRING FOR 2 WEEKS OR MORE DURING THE SAME PERIOD? IF YOU WERE DEPRESSED FOR 2 WEEKS OR MORE ON MORE THAN ONE OCCASION, PLEASE ANSWER FOR THE EPISODE THAT WAS THE MOST SEVERE.

NOTE: Be sure you were not drinking heavily or taking illegal drugs daily.

		NO (0)	YES (1)
C48	POOR APPETITE	____	____
C49	LOSS OF TWO OR MORE POUNDS A WEEK WHEN NOT DIETING	____	____
C50	SLEEP DIFFICULTY, TROUBLE SLEEPING, OR A SIGNIFICANT INCREASE IN SLEEP NEED	____	____
C51	SIGNIFICANT LOSS OF ENERGY: OR TIREDNESS	____	____
C52	LOSS OF INTEREST IN YOUR USUAL ACTIVITIES	____	____

		NO (0)	YES (1)
C53	DECREASE IN SEXUAL DRIVE	____	____
C54	FEELINGS OF SELF REPROACH OR GUILT	____	____
C55	INABILITY TO CONCENTRATE	____	____
C56	SLOW THINGKING, OR MIXED-UP THOUGHTS	____	____
C57	RECURRENT THOUGHT OF DEATH OR SUICIDE	____	____
C58	THOUGHTS OF WISHING TO BE DEAD	____	____
C59	SUICIDE ATTEMPTS	____	____
C60	CRYING EASILY, TEARFULNESS, OR FEELING LIKE CRYING	____	____
C61	LOSS OF ABILITY TO EXPERIENCE OR EXPRESS JOY OR SORROW	____	____
C62	MORE THAN USUAL DIFFICULTY IN MAKING DECISIONS.	____	____

C63 C64 INTERVIEWER: Code number of symptoms.

60. WERE YOU TAKING ANY PRESCRIBED OR ILLEGAL DRUGS WHEN THIS PERIOD OF DEPRESSION BEGAN?

C65 (0)____No (1)____Yes IF YES, WHAT DRUGS WERE YOU TAKING AND WHAT WAS YOUR FREQUENCY OF USE?

DRUG:________________________________HOW OFTEN______________

DRUG:________________________________HOW OFTEN______________

DRUG:________________________________HOW OFTEN______________

61. HAVE YOU EVER BEEN EITHER EXTREMELY HAPPY OR EXTREMELY IRRITABLE CONSTANTLY FOR 24 HOURS A DAY, FOR A PERIOD OF 2 WEEKS OR LONGER?

C66 (0)____No (1)____Yes (9)____N/A (No Response) (8)____DK/DNA

IF YES, HAVE ANY OF THE FOLLOWING OCCURRED FOR TWO WEEKS OR LONGER DURING THAT PERIOD? ANSWER FOR THE WORST SUCH PERIOD IF THIS HAS HAPPENED TO YOU MORE THAN ONCE. THESE MUST ALL OCCUR AT THE SAME PERIOD OF TIME.

		NO (0)	YES (1)
C67	MUCH MORE PHYSICALLY ACTIVE	____	____
C68	MUCH MORE SOCIALLY ACTIVE	____	____
C69	MUCH MORE SEXUALLY ACTIVE	____	____
C70	PRESSURE TO KEEP TALKING	____	____
C71	MUCH LESS SLEEP (1 to 2 HOURS)	____	____
C72	EASILY DISTRACTED	____	____
C73	FELT MUCH BETTER THAN YOU ACTUALLY WERE	____	____
C74	IDEAS COMING AND GOING VERY FAST	____	____
C75	WENT ON BUYING SPREES OR MADE FOOLISH BUSINESS INVESTMENTS	____	____

C76 C77 INTERVIEWER: Code number of symptoms

C78 C79 HOW OLD WERE YOU THE FIRST TIME YOU HAD SUCH A PERIOD AS THIS?

____________Years of Age ________DK/DNA (88) ________N/R (99)

DID THIS EVER SERIOUSLY INTERFERE WITH YOUR LIFE?

C80 (0)____No (1)____Yes (8)____DK/DNA (9)____N/R

IF YES, WHAT SPECIFIC PROBLEMS RESULTED?______________________________________

____

BEST COPY AVAILABLE

D1 D2

D3 D4 D5 D6

D7 D8

NOW SOME QUESTIONS ABOUT UNUSUAL EXPERIENCES PEOPLE SOMETIMES HAVE.

D9 62. WERE YOU EVER CONVINCED THAT YOU WERE SPECIAL AND THAT PEOPLE WERE PLOTTING TO HARM YOU

(0)____No
(1)____Yes, But Only When Drunk or Abusing Drugs.
(2)____Yes, Occurred When Not Drinking or Abusing Drugs.

Please describe:____

D10 D11 IF YOU WERE NOT USING ALCOHOL OR DRUGS, HOW OLD WERE YOU THE FIRST TIME THIS HAPPENED?

__________Years Old.

D12 63. DID YOU EVER FEEL AS IF YOUR MIND WAS BEING MANIPULATED OR ACTUALLY CONTROLLED BY SOME UNUSUAL OR MYSTERIOUS FORCE?

(0)____No
(1)____Yes, But Only When Drunk or Abusing Drugs
(2)____Yes, Occurred When Not Drinking or Abusing Drugs

Please describe:____

____

D13 D14 IF YOU WERE NOT USING ALCOHOL OR DRUGS, HOW OLD WERE YOU THE FIRST TIME THIS HAPPENED?

__________Years Old

D15 64. HAVE YOU EVER FELT INFLUENCED IN UNUSUAL WAYS, SUCH AS BY MACHINES, HYPNOSIS, RADAR WAVES, RADIO, TELEVISION, OR NEWSPAPERS?

(0)____No
(1)____Yes, But Only When Drunk or Abusing Drugs
(2)____Yes, Occurred When Not Drinking or Abusing Drugs

Please describe:____

____

D16 D17 IF YOU WERE NOT USING ALCOHOL OR DRUGS, HOW OLD WERE YOU THE FIRST TIME THIS HAPPENED?

__________Years Old

D18 65. HAVE YOU EVER HEARD VOICES THAT OTHER PEOPLE COULDN'T HEAR? SEEN THINGS? FELT THINGS?

(0)____No
(1)____Yes, But Only When Drunk or Abusing Drugs
(2)____Yes, Occurred When Not Drinking or Abusing Drugs

Please describe:____

____

D19 D20 IF YOU WERE NOT USING ALCOHOL, OR DRUGS, HOW OLD WERE YOU THE FIRST TIME ______

__________Years Old

NEXT WE HAVE SOME QUESTIONS ABOUT YOUR FAMILY BACKGROUND.

66. UNTIL YOUR EIGHTEENTH BIRTHDAY, HOW MANY YEARS WERE YOU RAISED BY YOUR:

D21 D22 Real (biologic) Father ________Years

D23 D24 Another father, such as a foster father, stepfather, adoptive father or relative ________Years

D25 D26 Real (biologic) mother ________Years

D27 D28 Another mother, such as a foster mother, stepmother, adoptive mother or relative ________Years

D29 67. HOW MANY FULL BROTHERS DO YOU HAVE (i.e., THE SAME MOTHER AND FATHER AS YOU)? (Lived to their 18th birthday) _______Brothers

D30 68. HOW MANY FULL SISTERS DO YOU HAVE (i.e., THE SAME MOTHER AND FATHER AS YOU)? (Lived to their 18th birthday) _______Sisters

D31 69. HOW MANY HALF BROTHERS DO YOU HAVE WHO LIVED TO THEIR 18th BIRTHDAY? (A HALF BROTHER HAS ONLY ONE PARENT THAT IS THE SAME AS YOUR OWN) _______Half-brothers

D32 70. HOW MANY HALF SISTERS DO YOU HAVE WHO LIVED TO THEIR 18th BIRTHDAY? (A HALF SISTER HAS ONLY ONE PARENT THAT IS THE SAME AS YOUR OWN) _______Half-sisters

NOW SOME QUESTIONS ABOUT YOUR CLOSE RELATIVES--YOUR REAL PARENTS, ADOPTIVE PARENTS, FULL BROTHERS AND SISTERS, HALF BROTHERS AND SISTERS, AND YOUR NATURAL CHILDREN.

71. HAVE ANY OF YOUR CLOSE RELATIVES EVER BEEN DEPRESSED FOR TWO WEEKS OR MORE SO THAT THEY COULD NOT CARRY ON THEIR USUAL ACTIVITIES?

D33 (0)____No (1)____Yes IF YES, FILL OUT THE ANSWERS FOR EACH OF YOUR RELATIVES WHO HAVE BEEN DEPRESSED FOR TWO WEEKS OR MORE.

		DEPRESSED		HOW OLD THE FIRST TIME	HOW OLD NOW
		NO (0)	YES (1)		
D34 D35 D35 D37 D38	REAL FATHER	____	____	________	________
D39 D40 D41 D42 D43	REAL MOTHER	____	____	________	________
D44 D45 D46 D47 D48	ADOPTIVE FATHER	____	____	________	________
D49 D50 D51 D52 D53	ADOPTIVE MOTHER	____	____	________	________
D54 D55 D56 D57 D58	ANY FULL BROTHER	____	____	________	________
D59 D60 D61 D62 D63	A SECOND FULL BROTHER	____	____	________	________
D64 D65 D66 D67 D68	ANY FULL SISTER	____	____	________	________
D69 D70 D71 D72 D73	A SECOND FULL SISTER	____	____	________	________
D74 D75 D76 D77 D78	ANY HALF BROTHER	____	____	________	________
E1 E2					
E3 E4 E5 E6					
E7 E8					
9 E10 E11 E12 E13	A SECOND HALF BROTHER	____	____	________	________
E14 E15 E16 E17 E18	ANY HALF SISTER	____	____	________	________
E19 E20 E21 E22 E23	A SECOND HALF SISTER	____	____	________	________
E24 E25 E26 E27 E28	ANY SON	____	____	________	________
E29 E30 E31 E32 E33	A SECOND SON	____	____	________	________
E34 E35 E36 E37 E38	ANY DAUGHTER	____	____	________	________
E39 E40 E41 E42 E43	A SECOND DAUGHTER	____	____	________	________

INTERVIEWER: Review pages 6 and 7 if necessary.

F1 F2

F3 F4 F5 F6

F7 F8

72. HAVE ANY OF YOUR CLOSE RELATIVES EVER SEEN A PSYCHIATRIST, PSYCHOLOGIST, OR OTHER MENTAL HEALTH WORKER FOR TREATMENT OF A NERVOUS OR EMOTIONAL PROBLEM? DON'T COUNT FAMILY COUNSELING SESSIONS.

F9 (0)____No (1)____Yes

IF YES, FILL OUT THE ANSWERS FOR EACH OF YOUR RELATIVES WHO HAVE SEEN A PSYCHIATRIST, PSYCHOLOGIST OR OTHER MENTAL HEALTH WORKER FOR TREATMENT OF A NERVOUS OR EMOTIONAL PROBLEM.

		No (0)	Yes (1)	HOW OLD THE FIRST TIME	HOW OLD NOW	WHAT WERE THEIR SYMPTOMS
F10 F11 F12 F13 F14 F15	REAL FATHER	____	____	____	____	____
F16 F17 F18 F19 F20 F21	REAL MOTHER	____	____	____	____	____
F22 F23 F24 F25 F26 F27	ADOPTIVE FATHER	____	____	____	____	____
F28 F29 F30 F31 F32 F33	ADOPTIVE MOTHER	____	____	____	____	____
F34 F35 F36 F37 F38 F39	ANY FULL BROTHER	____	____	____	____	____
F40 F41 F42 F43 F44 F45	A SECOND FULL BROTHER	____	____	____	____	____
F46 F47 F48 F49 F50 F51	ANY FULL SISTER	____	____	____	____	____
F52 F53 F54 F55 F56 F57	A SECOND FULL SISTER	____	____	____	____	____
F58 F59 F60 F61 F62 F63	ANY HALF BROTHER	____	____	____	____	____
F64 F65 F66 F67 F68 F69	A SECOND HALF BROTHER	____	____	____	____	____
F70 F71 F72 F73 F74 F75	ANY HALF SISTER	____	____	____	____	____

G1 G2

G3 G4 G5 G6

G7 G8

G9 G10 G11 G12 G13 G14	A SECOND HALF SISTER	____	____	____	____	____
G15 G16 G17 G18 G19 G20	ANY SON	____	____	____	____	____
G21 G22 G23 G24 G25 G26	A SECOND SON	____	____	____	____	____
G27 G28 G29 G30 G31 G32	ANY DAUGHTER	____	____	____	____	____
G33 G34 G35 G36 G37 G38	A SECOND DAUGHTER	____	____	____	____	____

Code for symptoms:

(1) Alcohol
(2) Drugs
(3) Depression
(4) Loss of contact with reality
(5) Anxiety, fear, nervousness
(6) Antisocial problems
(7) Other life problems

INTERVIEWER: For antisocial problems, probe for possible antisocial personality (antisocial difficulties with home, police, peers and school beginning prior to age 16). Record below.

Probe for hyperactive child.

73. HAVE ANY OF YOUR CLOSE RELATIVES EVER BEEN A PATIENT IN A MENTAL HOSPITAL OR IN A GENERAL HOSPITAL FOR TREATMENT OF A NERVOUS OR MENTAL PROBLEM?

G39

(0)____No (1)____Yes

IF YES, FILL OUT THE ANSWERS FOR EACH OF YOUR RELATIVES WHO HAVE BEEN A PATIENT IN A MENTAL HOSPITAL OR IN A GENERAL HOSPITAL FOR TREATMENT OF A NERVOUS OR MENTAL PROBLEM?

		HOSPITALIZED? No (0)	HOSPITALIZED? Yes (1)	HOW OLD THE FIRST TIME	HOW OLD NOW	WHAT WERE THEIR SYMPTOMS
G40 G41 G42 G43 G44 G45	REAL FATHER	____	____	____	____	____
G46 G47 G48 G49 G50 G51	REAL MOTHER	____	____	____	____	____
G52 G53 G54 G55 G56 G57	ADOPTIVE FATHER	____	____	____	____	____
G58 G59 G60 G61 G62 G63	ADOPTIVE MOTHER	____	____	____	____	____
G64 G65 G66 G67 G68 G69	ANY FULL BROTHER	____	____	____	____	____
G70 G71 G72 G73 G74 G75	A SECOND FULL BROTHER	____	____	____	____	____
H1 H2						
H3 H4 H5 H6						
H7 H8						
H9 H10 H11 H12 H13 H14	ANY FULL SISTER	____	____	____	____	____
H15 H16 H17 H18 H19 H20	A SECOND FULL SISTER	____	____	____	____	____
H21 H22 H23 H24 H25 H26	ANY HALF BROTHER	____	____	____	____	____
H27 H28 H29 H30 H31 H32	A SECOND HALF BROTHER	____	____	____	____	____
H33 H34 H35 H36 H37 H38	ANY HALF SISTER	____	____	____	____	____
H39 H40 H41 H42 H43 H44	A SECOND HALF SISTER	____	____	____	____	____
H45 H46 H47 H48 H49 H50	ANY SON	____	____	____	____	____
H51 H52 H53 H54 H55 H56	A SECOND SON	____	____	____	____	____
H57 H58 H59 H60 H61 H62	ANY DAUGHTER	____	____	____	____	____
H63 H64 H65 H66 H67 H68	A SECOND DAUGHTER	____	____	____	____	____

Code for symptoms:

(1) Alcohol
(2) Drugs
(3) Depression
(4) Loss of contact with reali
(5) Anxiety, fear, nervousness
(6) Antisocial problems
(7) Other life problems

INTERVIEWER: For loss of contact with reality, ask age first time and if they ever recovered. Note below.

THE FOLLOWING IS A LIST OF PROBLEMS THAT PEOPLE MIGHT HAVE BECAUSE OF THEIR OWN DRINKING:

Marital Separation or Divorce Because of Their Drinking.

Laid Off from Work or Fired Because of Their Drinking.

Two or More Drunk Driving Arrests Because of Their Drinking.

Two or More Arrests for Public Intoxication, Drunk and Disorderly Conduct, Etc. Because of Their Drinking.

Doctor Said Alcohol Had Harmed Their Health.

74. HAVE ANY OF YOUR CLOSE RELATIVES EVER HAD ANY OF THESE PROBLEMS?

H69 (0)____No (1)____Yes IF YES, FILL OUT THE ANSWERS FOR EACH OF YOUR RELATIVES WHO HAVE HAD THESE PROBLEMS.

I1 I2

I3 I4 I5 I6

I7 I8

		DRINKING PROBLEM No (0)	Yes (1)	HOW OLD THE FIRST TIME	HOW OLD NOW	NUMBER OF PROBLEMS
I9 I10 I11 I12 I13 I14	REAL FATHER	____	____	____	____	____
I15 I16 I17 I18 I19 I20	REAL MOTHER	____	____	____	____	____
I21 I22 I23 I24 I25 I26	ADOPTIVE FATHER	____	____	____	____	____
I27 I28 I29 I30 I31 I32	ADOPTIVE MOTHER	____	____	____	____	____
I33 I34 I35 I36 I37 I38	ANY FULL BROTHER	____	____	____	____	____
I39 I40 I41 I42 I43 I44	A SECOND FULL BROTHER	____	____	____	____	____
I45 I46 I47 I48 I49 I50	ANY FULL SISTER	____	____	____	____	____
I51 I52 I53 I54 I55 I56	A SECOND FULL SISTER	____	____	____	____	____
I57 I58 I59 I60 I61 I62	ANY HALF BROTHER	____	____	____	____	____
I63 I64 I65 I66 I67 I68	A SECOND HALF BROTHER	____	____	____	____	____
I69 I70 I71 I72 I73 I74	ANY HALF SISTER	____	____	____	____	____

K1 K2

K3 K4 K5 K6

K7 K8

K9 K10 K11 K12 K13 K14	A SECOND HALF SISTER	____	____	____	____	____
K15 K16 K17 K18 K19 K20	ANY SON	____	____	____	____	____
K21 K22 K23 K24 K25 K26	A SECOND SON	____	____	____	____	____
K27 K28 K29 K30 K31 K32	ANY DAUGHTER	____	____	____	____	____
K33 K34 K35 K36 K37 K38	A SECOND DAUGHTER	____	____	____	____	____

INTERVIEWER: Probe for antisocial personality (antisocial difficulties with home, police, peers, and school beginning prior to age 16). Record below.

THE FOLLOWING IS A LIST OF PROBLEMS THAT PEOPLE MIGHT HAVE BECAUSE OF THEIR OWN DRUG MISUSE

Marital Separation or Divorce Because of Their Drug Use.

Laid Off From Work or Fired Because of Their Drug Use.

Two or More Arrests Because of Their Use of Drugs Other Than Marijuana.

Doctor Said Drugs Had Harmed Their Health.

Used Drugs Introvenously (by needle).

75. HAVE ANY OF YOUR CLOSE RELATIVES EVER HAD ANY OF THESE PROBLEMS?

K39 (0)____No (1)____Yes IF YES, FILL OUT THE ANSWERS FOR EACH OF YOUR RELATIVES WHO HAVE HAD THESE PROBLEMS.

		DRUG PROBLEM No (0)	DRUG PROBLEM Yes (1)	HOW OLD-THE FIRST TIME	HOW OLD NOW	NUMBER OF PROBLEMS
K40 K41 K42 K43 K44 K45	REAL FATHER					
K46 K47 K48 K49 K50 K51	REAL MOTHER					
K52 K53 K54 K55 K56 K57	ADOPTIVE FATHER					
K58 K59 K60 K61 K62 K63	ADOPTIVE MOTHER					
K64 K65 K66 K67 K68 K69	ANY FULL BROTHER					
K70 K71 K72 K73 K74 K75	A SECOND FULL BROTHER					

L1 L2

L3 L4 L5 L6

L7 L8

		DRUG PROBLEM No (0)	DRUG PROBLEM Yes (1)	HOW OLD-THE FIRST TIME	HOW OLD NOW	NUMBER OF PROBLEMS
L9 L10 L11 L12 L13 L14	ANY FULL SISTER					
L15 L16 L17 L18 L19 L20	A SECOND FULL SISTER					
L21 L22 L23 L24 L25 L26	ANY HALF BROTHER					
L27 L28 L29 L30 L31 L32	A SECOND HALF BROTHER					
L33 L34 L35 L36 L37 L38	ANY HALF SISTER					
L39 L40 L41 L42 L43 L44	A SECOND HALF SISTER					
L45 L46 L47 L48 L49 L50	ANY SON					
L51 L52 L53 L54 L55 L56	A SECOND SON					
L57 L58 L59 L60 L61 L62	ANY DAUGHTER					
L63 L64 L65 L66 L67 L68	A SECOND DAUGHTER					

INTERVIEWER: Probe for antisocial personality (antisocial difficulties with home, police, peers, and school beginning prior to age 16). Record on face sheet.

76. DID ANY OF YOUR CLOSE RELATIVES HAVE ANY OTHER DRUG PROBLEMS?

L69 (0)____No (1)____Yes

IF YES, TELL US WHICH RELATIVES, THEIR PRESENT AGE AND WHAT PROBLEM THEY HAD.

____________________ ____

____________________ ____

____________________ ____

M1 M2

M3 M4 M5 M6

M7 M8

NOW WE HAVE SOME QUESTIONS ABOUT YOUR MORE DISTANT RELATIVES. WE ARE REFERRING TO YOUR GRANDPARENTS AND THE FULL AUNTS AND UNCLES WHO ARE RELATED TO YOU BY BLOOD.

77. FIRST, YOUR REAL MOTHER'S SIDE OF THE FAMILY:

A) HAVE EITHER OF YOUR MOTHER'S PARENTS EVER HAD ANY OF THE FOLLOWING PROBLEMS BECAUSE OF ALCOHOL OR DELIBERATE ABUSE OF DRUGS?

Marital Separation or Divorce Because of Their Drinking or Drug Taking.
Laid Off from Work or Fired Because of Their Drinking or Drug Taking.
Two or More Drunk Driving Arrests Because of Their Drinking or Drug Taking.
Two or More Arrests for Public Intoxication, Drunk and Disorderly Conduct, Etc., Because of Their Drinking or Drug Taking.
Doctor Said Alcohol or Drugs Had Actually Harmed Their Health.
Repeatedly Unable to Care for the House or the Family Because of Their Alcohol or Drug Use.

____No(0) ____Yes(1)

IF YES, MOTHER'S MOTHER

INTERVIEWER: If both, determine which is primary.

M9 ____Had Alcohol Problems Listed Above (1)
M10 ____Had Drug Problems Listed Above (1)

IF YES, MOTHER'S FATHER

M11 ____Had Alcohol Problems Listed Above (1)
M12 ____Had Drug Problems Listed Above (1)

B) HAVE ANY OF YOUR MOTHER'S FULL BROTHERS OR SISTERS (YOUR BLOOD RELATED UNCLES AND AUNTS) HAD ANY OF THESE ALCOHOL OR DRUG PROBLEMS?

____No(0) ____Yes(1) (Probe for blood relatives.)

IF YES, MOTHER'S BROTHER(S)

M13 ____Number of Uncles with Alcohol Problem(s) listed above
M14 ____Number of Uncles with Drug Problem(s) listed above

IF YES, MOTHER'S SISTER(S)

M15 ____Number of Aunts with Alcohol Problem(s) listed above
M16 ____Number of Aunts with Drug Problem(s) listed above

C) HAVE EITHER OF YOUR MOTHER'S PARENTS EVER BEEN PSYCHIATRICALLY HOSPITALIZED FOR PROBLEMS OTHER THAN DRINKING OR DRUGS?

____No(0) ____Yes(1)

M17 IF YES, MOTHER'S MOTHER ____No(0) ____Yes (1)
M18 IF YES, MOTHER'S FATHER ____No(0) ____Yes (1)

D) HAVE ANY OF YOUR MOTHER'S FULL BROTHERS OR SISTERS (YOUR BLOOD RELATED UNCLES AND AUNTS) EVER BEEN PSYCHIATRICALLY HOSPITALIZED FOR PROBLEMS OTHER THAN DRINKING OR DRUGS?

____No(0) ____Yes(1)

M19 IF YES, MOTHER'S BROTHER(S) ______Number of Uncles who were hospitalized.
M20 IF YES, MOTHER'S SISTER(S) ______Number of Aunts who were hospitalized.

E) HAVE EITHER OF YOUR MOTHER'S PARENTS EVER HAD OTHER PSYCHIATRIC PROBLEMS LIKE ATTEMPTED SUICIDE OR A NERVOUS BREAKDOWN?

____No(0) ____Yes(1)

M21 IF YES, MOTHER'S MOTHER ____No(0) ____Yes (1) EXPLAIN IN DETAIL:________
M22 IF YES, MOTHER'S FATHER ____No(0) ____Yes (1) ________________

F) HAVE ANY OF YOUR MOTHER'S FULL BROTHERS OR SISTERS (YOUR BLOOD RELATED UNCLES AND AUNTS) EVER HAD OTHER PSYCHIATRIC PROBLEMS LIKE ATTEMPTED SUICIDE OR A NERVOUS BREAKDOWN?

____No(0) ____Yes(1)

M23 IF YES, MOTHER'S BROTHER(S) _______Number of Uncles who had other problems.
M24 IF YES, MOTHER'S SISTER(S) _______Number of Aunts who had other problems.

EXPLAIN IN DETAIL:____

70. NOW, YOUR REAL FATHER'S SIDE OF THE FAMILY:

A) HAVE EITHER OF YOUR FATHER'S PARENTS EVER HAD ANY OF THE FOLLOWING PROBLEMS BECAUSE OF ALCOHOL OR DELIBERATE ABUSE OF DRUGS?

Marital Separation or Divorce Because of Their Drinking or Drug Taking.
Laid Off From Work or Fired Because of Their Drinking or Drug Taking.
Two or More Drunk Driving Arrests Because of Their Drinking or Drug Taking.
Two or More Arrests for Public Intoxication, Drunk and Disorderly Conduct, Etc., Because of Their Drinking or Drug Taking.
Doctor Said Alcohol or Drugs Had Actually Harmed Their Health.
Repeatedly Unable to Care for the House or the Family Because of Their Alcohol or Drug Use.

____No (0) ____Yes (1)

IF YES, FATHER'S MOTHER

H25 ____Had Alcohol Problems Listed Above (1)
H26 ____Had Drug Problems Listed Above (1)

INTERVIEWER: If both, determine which is primary.

FATHER'S FATHER

H27 ____Had Alcohol Problems Listed Above (1)
H28 ____Had Drug Problems Listed Above (1)

B) HAVE ANY OF YOUR FATHER'S FULL BROTHERS OR SISTERS (YOUR BLOOD RELATED UNCLES AND AUNTS HAD ANY OF THESE ALCOHOL OR DRUG PROBLEMS?

____No (0) ____Yes (1) (Probe for blood relatives.)

IF YES, FATHER'S BROTHER(S)

H29 ____Number of Uncles with Alcohol Problem(s) listed above.
H30 ____Number of Uncles with Drug Problem(s) listed above.

FATHER'S SISTER(S)

H31 ____Number of Aunts with Alcohol Problem(s) listed above.
H32 ____Number of Aunts with Drug Problem(s) listed above.

C) HAVE EITHER OF YOUR FATHER'S PARENTS EVER BEEN PSYCHIATRICALLY HOSPITALIZED FOR PROBLEMS OTHER THAN DRINKING OR DRUGS?

____No(0) ____Yes(1)

H33 IF YES, FATHER'S MOTHER ____No(0)___Yes(1)
H34 IF YES, FATHER'S FATHER ____No(0)___Yes(1)

D) HAVE ANY OF YOUR FATHER'S FULL BROTHERS OR SISTERS (YOUR BLOOD RELATED UNCLES AND AUNTS) EVER BEEN PSYCHIATRICALLY HOSPITALIZED FOR PROBLEMS OTHER THAN DRINKING OR DRUGS?

____No(0) ____Yes(1)

H35 IF YES, FATHER'S BROTHER(S) ____Number of Uncles who were hospitalized?
H36 IF YES, FATHER'S SISTER(S) ____Number of Aunts who were hospitalized?

E) HAVE EITHER OF YOUR FATHER'S PARENTS EVER HAD OTHER PSYCHIATRIC PROBLEMS LIKE ATTEMPTED SUICIDE OR A NERVOUS BREAKDOWN?

____No(0) ____Yes(1)

H37 IF YES, FATHER'S MOTHER ____No(0)___Yes(1) EXPLAIN IN DETAIL:__________
H38 IF YES, FATHER'S FATHER ____No(0)___Yes(1) ____________________

F) HAVE ANY OF YOUR FATHER'S FULL BROTHERS OR SISTERS (YOUR BLOOD RELATED UNCLES AND AUNTS) EVER HAD OTHER PSYCHIATRIC PROBLEMS LIKE ATTEMPTED SUICIDE OR A NERVOUS BREAKDOWN?

____No(0) ____Yes (1)

H39 IF YES, FATHER'S BROTHER(S) ____Number of Uncles who had other problems
H40 IF YES, FATHER'S SISTER(S) ____Number of Aunts who had other problems

EXPLAIN IN DETAIL:____

____________________________________ ______ __________

BEST COPY AVAILABLE

FINALLY, I HAVE A SERIES OF QUESTIONS ABOUT YOUR PARENTS EXPERIENCES BEFORE YOU WERE BORN. I'M ASKING THIS LAST BECAUSE I KNOW YOU'LL PROBABLY HAVE TO GUESS AT SOME OF THESE. YOU CAN MAKE YOUR GUESS BASED ON YOUR PARENT'S USUAL BEHAVIORS WHILE YOU WERE GROWING UP OR INFORMATION SOMEONE MIGHT HAVE TOLD YOU.

79. PRIOR TO YOUR BIRTH DID YOUR MOTHER OR FATHER HAVE ANY OF THE FOLLOWING MEDICAL CONDITIONS?

			FATHER		MOTHER		
			(0)No	(1)Yes	(0)No	(1)Yes	
		1. STROKE	___	___	___	___	
M41 M42	(Father)	2. RHEUMATIC HEART DISEASES	___	___	___	___	HAND
		3. HIGH BLOOD PRESSURE	___	___	___	___	OUT
M43 M44		4. CONGENITAL HEART DISEASE	___	___	___	___	CARD
		5. ASTHMA	___	___	___	___	
M45 M46		6. EMPHYSEMA	___	___	___	___	
		7. ARTHRITIS	___	___	___	___	
M47 M48		8. DIABETES	___	___	___	___	
		9. THYROID DISEASE	___	___	___	___	
M49 M50		10. COLOR BLINDNESS	___	___	___	___	
		11. BLINDNESS NEEDING TREATMENT	___	___	___	___	
		12. DEAFNESS NEEDING TREATMENT	___	___	___	___	
		13. CATARACTS NEEDING TREATMENT	___	___	___	___	
M51 M52	(Mother)	14. GLAUCOMA NEEDING TREATMENT	___	___	___	___	
		15. CANCER OF THE SKIN	___	___	___	___	
M53 M54		16. OTHER CANCERS	___	___	___	___	
		17. KIDNEY STONES	___	___	___	___	
M55 M56		18. OTHER KIDNEY DISEASE	___	___	___	___	
		19. GOUT	___	___	___	___	
M57 M58		20. STOMACH ULCERS	___	___	___	___	
		21. GALLSTONES	___	___	___	___	
M59 M60		22. HEPATITIS	___	___	___	___	
		23. OVER 20 LBS. OVERWEIGHT	___	___	___	___	
		24. OTHER INFECTIOUS DISEASES: ____________	___	___	___	___	
		25. ANY OTHERS? WHAT:	___	___	___	___	

NOW A SERIES OF QUESTIONS ABOUT YOUR PARENTS EATING AND DRINKING HABITS PRIOR TO YOUR BIRTH. FIRST I'LL ASK YOU ABOUT THINGS PRIOR TO YOUR MOTHER'S PREGNANCY AND THEN ABOUT THINGS DURING HER PREGNANCY.

80. TO THE BEST OF YOUR KNOWLEDGE, IN THE YEAR PRIOR TO THE PREGNANCY WHAT WERE THEIR HABITS REGARDING:

		FATHER	MOTHER
M61 M62	HOW MANY DAYS A WEEK WOULD THEY DRINK COFFEE	___	___
M63 M64	HOW MANY CUPS OF COFFEE PER DRINKING DAY WERE THEY LIKELY TO HAVE	___	___
M65 M66	HOW MANY DAYS A WEEK WOULD THEY DRINK TEA	___	___
M67 M68	HOW MANY CUPS OF TEA PER DAY WERE THEY LIKELY TO HAVE	___	___
M69 M70	HOW MANY DAYS A WEEK WOULD THEY DRINK COLA	___	___
M71 M72	HOW MANY CUPS OF COLA PER DAY WERE THEY LIKELY TO HAVE	___	___
M73 M74	HOW MANY DAYS A WEEK WERE THEY LIKELY TO DRINK ALCOHOL BEVERAGES	___	___
M75 M76	HOW MANY DRINKS WERE THEY LIKELY TO HAVE ON A DRINKING DAY (NOTE: 1 DRINK=4 OZ. WINE, 12 OZ. BEER, A SINGLE SHOT-MIXED DRINK)	___	___
M77 M78	HOW MANY DAYS A WEEK WERE THEY LIKELY TO SMOKE CIGARETTES	___	___
N1 N2			
N3 N4 N5 N5			
N7 N8			
N9 N10 N11 N12	HOW MANY CIGARETTES PER DAY	___	___

BEST COPY AVAILABLE

81. WHAT WOULD YOU ESTIMATE TO BE YOUR PARENTS EATING HABITS IN THE YEAR PRIOR TO THE PREGNANCY?

CODE: POOR (1)
LESS THAN OPTIMAL (2)
OPTIMAL (3)

N13 FATHER ______________

N14 MOTHER ______________

82. IN THE YEAR PRIOR TO THE PREGNANCY DID YOUR FATHER SMOKE CIGARS?

N15 (0)____No IF YES, HOW MANY PER DAY? __________CIGARS

83. IN THE YEAR PRIOR TO THE PREGNANCY DID YOUR FATHER SMOKE A PIPE?

N16 (0)____No IF YES, HOW MANY PIPEFULS PER DAY? ___________PIPES

84. IN THE YEAR PRIOR TO THE PREGNANCY, WERE EITHER OF YOUR PARENTS LIKELY TO TAKE ANY OF THE FOLLOWING SUBSTANCES ONCE A WEEK OR MORE OR AT LEAST 10 DAYS IN A ROW?

HAND OUT CARD

				FATHER		MOTHER	
				No	Yes	No	Yes
N17 N18	(Father)	1.	HIGH BLOOD PRESSURE, PILLS	___	___	___	___
		2.	WATER PILLS (DIURETIC)	___	___	___	___
N19 N20		3.	ASTHMA MEDICINES	___	___	___	___
		4.	ANTIHISTAMINES	___	___	___	___
N21 N22		5.	ASPIRIN LIKE DRUGS	___	___	___	___
		6.	INSULIN	___	___	___	___
N23 N24		7.	ORAL DIABETIC MEDICINES	___	___	___	___
		8.	THYROID PILLS	___	___	___	___
N25 N26		9.	MARIJUANA	___	___	___	___
		10.	HALLUCINOGENS LIKE LSD	___	___	___	___
		11.	GOUT PILLS	___	___	___	___
		12.	ANTIBIOTICS	___	___	___	___
N27 N28	(Mother)	13.	STOMACH PILLS FOR ULCERS	___	___	___	___
		14.	ANTACID	___	___	___	___
N29 N30		15.	SLEEPING PILLS	___	___	___	___
		16.	TRANQUILIZERS LIKE VALIUM, LIBRIUM	___	___	___	___
N31 N32		17.	TRANQUILIZERS LIKE THORAZINE, STELAZINE, ETC.	___	___	___	___
		18.	STIMULANTS LIKE AMPHETAMINE, DIET PILLS, ETC.	___	___	___	___
N33 N34		19.	ANY OTHERS? EXPLAIN:________________	___	___	___	___
N35 N36							

85. IN THE YEAR PRIOR TO THE PREGNANCY WERE EITHER YOUR MOTHER OR FATHER WORKING IN A PLACE WHERE THEY WERE LIKELY TO BE AROUND ANY OF THE FOLLOWING CONDITIONS?

HAND OUT CARD

				FATHER		MOTHER	
N37 N38	(Father)			No	Yes	No	Yes
N39 N40		1.	CHEMICALS, CLEANING FLUIDS OR SOLVENTS	___	___	___	___
		2.	INSECT OR PLANT SPRAYS	___	___	___	___
N41 N42		3.	AMMONIA, CHLORINE, OZONE, OR NITROUS GASES	___	___	___	___
		4.	ENGINE EXHAUST FUMES (MORE THAN 2 HRS. A DAY)	___	___	___	___
N43 N44		5.	PLASTIC OR RESIN FUMES	___	___	___	___
		6.	LEAD FUMES OR METAL FUMES	___	___	___	___
N45 N46		7.	ASBESTOS, CEMENT, OR GRAIN DUSTS	___	___	___	___
		8.	SILICA, SANDBLASTING, GRINDING OR ROCK DRILLING DUST				
N47 N48	(Mother)	9.	X-RAY OR RADIOACTIVITY	___	___	___	___
		10.	ULTRAVIOLET RADIATION	___	___	___	___
N49 N50		11.	EXTREME HEAT	___	___	___	___
		12.	DRY CLEANING	___	___	___	___
N51 N52		13.	OTHER ADVERSE CONDITIONS? EXPLAIN:________				
N53 N54			________________ ________________				
N55 N56							

N57 86. HOW MANY MONTHS WAS YOUR MOTHER PREGNANT WITH YOU? ___________MONTHS

87. DURING HER PREGNANCY, DO YOU KNOW IF SHE HAD ANY OF THE FOLLOWING PROBLEMS?

			YES	NO	
N58 N59	1.	GERMAN MEASLES	___	___	HAND OUT CARD
	2.	CHICKEN POX	___	___	
N60 N61	3.	MONONUCLEOSIS	___	___	
	4.	SHINGLES	___	___	
N62 N63	5.	POLIO	___	___	
	6.	RHEUMATIC FEVER	___	___	
N64 N65	7.	BRONCHITIS	___	___	
	8.	PNEUMONIA	___	___	
N66 N67	9.	TUBERCULOSIS	___	___	
	10.	KIDNEY BLADDER INFECTION	___	___	
	11.	HEPATITIS	___	___	
	12.	INTESTINAL INFECTION WITH PARASITES	___	___	
	13.	ANEMIA	___	___	
	14.	MUMPS	___	___	
	15.	TEETH PROBLEMS	___	___	
	16.	OBESITY (20 LBS. OVERWEIGHT)	___	___	
	17.	OTHER INFECTIOUS DISEASES:___________	___	___	
	18.	ANY OTHERS? WHAT:______________________	___	___	

____

88. TO THE BEST OF YOUR KNOWLEDGE, DURING HER PREGNANCY WHAT WERE HER HABITS REGARDING:

N68	HOW MANY DAYS A WEEK WOULD SHE DRINK COFFEE	______________
N69	HOW MANY CUPS OF COFFEE PER DRINKING DAY LIKELY TO HAVE	______________
N70	HOW MANY DAYS A WEEK WOULD SHE DRINK TEA	______________
N71	HOW MANY CUPS OF TEA PER DAY WAS SHE LIKELY TO HAVE	______________
N72	HOW MANY DAYS A WEEK WOULD SHE DRINK COLA	______________
N73	HOW MANY CUPS OF COLA PER DAY WAS SHE LIKELY TO HAVE	______________
N74	HOW MANY DAYS A WEEK WAS SHE LIKELY TO DRINK ALCOHOL BEVERAGES	______________
N75	HOW MANY DRINKS WAS SHE LIKELY TO HAVE ON A DRINKING DAY (NOTE: 1 DRINK=4 OZ. WINE, 12 OZ. BEER, A SINGLE SHOT-MIXED DRINK)	______________
N76	HOW MANY DAYS A WEEK WAS SHE LIKELY TO SMOKE CIGARETTES	______________
N77 N78	HOW MANY CIGARETTES PER DAY	______________

89. ESTIMATE YOUR MOTHER'S EATING HABITS DURING THE PREGNANCY.

N79 ______POOR (1) ______LESS THAN OPTIMAL (2) _____OPTIMAL (3)

P1 P2

P3 P4 P5 P6

P7 P8

90. DURING THE PREGNANCY, TO THE BEST OF YOUR KNOWLEDGE, DID YOUR MOTHER TAKE ANY DRUGS?

P9 DRUGS: PRESCRIBED ____No (0) ____Yes (1) ______________________

P10 DRUGS: STREET ____No (0) ____Yes (1) ______________________

____

BEST COPY AVAILABLE

91. TO THE BEST OF YOUR KNOWLEDGE, HOW MANY TIMES WAS YOUR MOTHER LIKELY TO HAVE HAD X-RAYS OF ANY KIND DURING THE PREGNANCY?

P11 ______________TIMES

92. DURING THE PREGNANCY, DID YOUR MOTHER WORK IN A PLACE WHERE SHE WAS LIKELY TO BE AROUND ANY OF THE FOLLOWING SUBSTANCES AT LEAST ONCE A WEEK?

		YES	NO	
P12 P13	1. CHEMICALS, CLEANING FLUIDS OR SOLVENTS	___	___	HAND OUT CARD
	2. INSECT OR PLANT SPRAYS	___	___	
P14 P15	3. AMMONIA, CHLORINE, OZONE, OR NITROUS GASES	___	___	
	4. ENGINE EXHAUST FUMES (MORE THAN 2 HOURS A DAY)	___	___	
P16 P17	5. PLASTIC OR RESIN FUMES	___	___	
	6. LEAD FUMES OR METAL FUMES	___	___	
P18 P19	7. ASBESTOS, CEMENT, OR GRAIN DUSTS	___	___	
P20 P21	8. SILICA, SANDBLASTING, GRINDING OR ROCK DRILLING DUST	___	___	
	9. X-RAY OR RADIOACTIVITY	___	___	
	10. ULTRAVIOLET RADIATION	___	___	
	11. EXTREME HEAT	___	___	
	12. DRY CLEANING	___	___	

****

THANK YOU FOR ALL YOUR HELP. THAT'S THE END OF THE QUESTIONS I HAVE. ARE THERE ANY SECTIONS WE SHOULD GO OVER AGAIN? DO YOU HAVE ANY QUESTIONS FOR ME?

ALCOHOL TREATMENT PROGRAM (ATP)
FAMILY HISTORY FOLLOW-UP INTERVIEW

Author: Marc A. Schuckit

Assessment Areas Covered: Drinking history, demographics, alcohol consumption, drug use, drug-use-related problems, life functioning, level of functioning, mental health, physical health, employment, antisocial behavior, family relations

Administration: Face-to-face structured interview (approximately 20 minutes), voluntary, identifying data is collected, at followup

Design Features: A highly structured interview to be used by a trained interviewer who is expected to probe for incomplete answers and inconsistencies; 102 multiple-choice, completion, and yes/no items

Abstract: This highly structured instrument was developed to determine the level of functioning in the 12 months after completion of an ATP program. The material covered includes identifying data and demography but places an emphasis on drug and alcohol patterns and problems as well as overall life functionings. The data generated from this interview can be used to develop an outcome score in each of nine life areas, as well as a total outcome level of functioning.

Related Published Reports:

Schuckit, M.A. A study of alcoholics with secondary depression. American Journal of Psychiatry, 140:711-714, 1983.

Schuckit, M.A.; Morrison, C.R.; and Gold, E.O. A pragmatic alcoholism treatment outcome scale. American Journal of Drug and Alcohol Abuse, 10:125-131, 1983.

Schuckit, M.A. The relationship between the course of primary alcoholism and family history. Journal of Studies on Alcohol, 45:1-8, 1984.

Schuckit, M.A. Primary alcoholics with histories of suicide attempts. American Journal of Psychiatry, in press.

Schuckit, M.A. A one-year follow-up of alcoholics given disulfiram. Journal of Studies on Alcohol, 46(3), 1985.

Availability Source: Marc A. Schuckit, M.D., Department of Psychiatry (116A), Veterans Administration Medical Center, 3350 La Jolla Village Drive, San Diego, California 92161. There is no fee for use.

ATP FAMILY HISTORY FOLLOW-UP INTERVIEW

INTRODUCTION

The staff of the San Diego Veterans Administration Medical Center is now engaged in a follow-up of some patients who were seen about one year ago. We are interested in learning as much as we can about how people who were treated here have done over the last year.

Thank you for taking the time to help us. I'll now ask you some questions about ______________________. If anything is unclear please don't hesitate to interrupt me.

NAME ____ **DATE** __________

SOCIAL SECURITY # ______________________ **INTERVIEW #** __________

PERMANENT ADDRESS ____

____

PHONE NUMBER ____

SPOUSE'S (SIGNIFICANT OTHER'S) NAME ______________________

SPOUSE'S (SIGNIFICANT OTHER'S) ADDRESS ____________________

____

SPOUSE'S (SIGNIFICANT OTHER'S) PHONE NUMBER ________________

____

NAME, ADDRESS & PHONE NUMBER OF ANOTHER PERSON WHO MIGHT KNOW him **SOMETHING ABOUT HIS BACKGROUND AND MIGHT KEEP IN TOUCH WITH ~~YOU~~ OVER THE NEXT 3 TO 5 YEARS:**

____

____

____

A1 A2

A3 A4 A5 A6

A7 A8 FIRST, SOME QUESTIONS ABOUT ______________ BACKGROUND.

1. ______________________ is ________ years old. Is that correct? ____________

A9 A10 2. WHAT WAS HIS USUAL OCCUPATION OVER THE LAST YEAR? (Interviewer: please describe as completely as possible what it is. Write this description below and then circle the closest category).

A11 A12

____

____

(01)____Doctor, Lawyer, Ph.D., Artist, Musician, Clergyman or Other Professional
(02)____Teacher, Engineer, Military Officer, Social Worker, Accountant
(03)____Owner of Large Business, Executive, Bank, Etc.
(04)____Owner of Small Business, Law Enforcement, Police Officer, Management.
(05)____Bookkeeper, Salesman, Real Estate/Insurance Agent, Other Clerical-Sales, Etc.
(06)____Skilled and Semi-Skilled: Carpenter, Mechanic, Electrician, Plumber, Enlisted Military, Etc.
(07)____Unskilled: Janitor, Laborer, Truck Driver, Odd Jobs, Farm Hand, Waiter, Bartender, Etc.
(09)____Service: Maid or Butler
(10)____Housewife
(11)____Other - Explain Sepcific Job and Degree or Training Required:

____

3. WHAT IS HIS PRESENT MARITAL STATUS?

A13
(1)___Single
(2)___Married
(3)___Widowed
(4)___Separated
(5)___Divorced

4. HOW MANY TIMES HAS HE BEEN MARRIED?

A14 (0)____None or ____Actual Number of Times

5. WHAT IS HIS PRESENT RELIGION?

A15
(1)____Baptist
(2)____Methodist
(3)____Lutheran
(4)____Episcopalian
(5)____Other Protestant
(6)____Catholic
(7)____Jewish
(8)____Other---Which one?______________________________
(9)____None

6. IS HE CURRENTLY PRACTICING HIS RELIGION?

A16 (0)____No (1)____Yes

7. WHAT DOES HE CONSIDER TO BE HIS ETHNIC ORIGIN?

A17
(1)____Mexican-American/Chicano
(2)____Puerto Rican
(3)____Other Caucasian/White
(4)____Negro/Black
(5)____American Indian/Native American
(6)____Oriental
(7)____Malayan/Filipino
(8)____Eskimo

THE FOLLOWING QUESTIONS WILL HELP US UNDERSTAND MORE ABOUT HOW THINGS HAVE BEEN GOING FOR HIM LATELY.

ON THE AVERAGE OVER THE LAST 6 MONTHS:

8. WHO WAS HE USUALLY LIVING WITH? (Check one only)

A18
(0)____Alone
(2)____Spouse or Children
(3)____Other Relatives
(4)____Spouse or Children and Other Relatives
(5)____With Spouse or Children & Friends
(6)____With Other Relatives & Friends
(7)____With Spouse or Children & Other Relatives and Friends
(8)____Other: Please explain:________________________

9. WHERE WAS HE USUALLY LIVING? (Check one only)

A19
(0)____No Special Place
(1)____In a Single Rented Room in a Hotel
(2)____In a Rooming House
(3)____In an Apartment
(4)____In a Trailer
(5)____In a House
(6)____YMCA
(7)____Half-way House
(8)____Other

10. What is the longest time he's been in his major living place this past 6 months?

A20 A21 A22 A23
__________Months __________Days

11. HOW MANY DAYS A WEEK WOULD HE READ THE NEWSPAPER?

A24
(0)____None or If yes: ____Days a Week

12. HOW MANY TIMES A WEEK WOULD HE ENGAGE IN AN ATHLETIC EVENT OR GAME (TENNIS, JOGGING, BASEBALL, ETC.)?

A25
(0)____None or If yes: ____Times a Week

13. HOW MANY DAYS A WEEK WOULD HE SPEND TIME WORKING ON A HOBBY?

A26
(0)____None or If yes: ____Days a Week

14. HOW MANY TIMES A WEEK WOULD HE ATTEND A SOCIAL GATHERING (PARTY, CLUB, ETC.)?

A27
(0)____None or If yes: ____Times a Week

15. HOW MANY DAYS A WEEK DID HE USUALLY SEE HIS SPOUSE (OR MOST RECENT SPOUSE IF HE IS DIVORCED)?

A28
____Actual Number of Days or (9)____Not applicable; he never married.

16. IF HE HAS NEVER BEEN MARRIED, DOES HE HAVE A GIRLFRIEND HE SEES DAILY OR WITH WHOM HE LIVES?

A29
(0)____No (1)____Yes

IF YES, HOW LONG HAS HE BEEN GOING WITH THIS PERSON?

A30 A31 A32 A33
__________Months __________Days

17. HOW MANY DAYS A WEEK DOES HE USUALLY SEE ANY OF HIS CHILDREN?

A34
__________Actual Number of Days or (9)__________Not Applicable; he does not have any children.

NOW FOR SOME QUESTIONS ABOUT HIS WORK HISTORY.

18. IS HE CURRENTLY (THIS LAST WEEK) EMPLOYED? IF NOT, WHY?________________________

A35
(0)____No (Not Related to Alcohol)
(1)____No (Related to Alcohol)
(2)____Yes, employed.

19. HERE IS A LIST OF POSSIBLE AREAS OF FINANCIAL SUPPORT:

(1)____Veteran's Compensation, Pension or Retirement
(2)____Social Security
(3)____County Aid (ATD, AFDC, GR)
(4)____State Unemployment Insurance
(5)____Salary From His Job
(6)____Savings
(7)____Family or Spouse's Support
(8)____None
(9)____Other. Please Explain:____

A36
WHICH WAS HIS HIGHEST SOURCE OF INCOME OVER THE LAST SIX MONTHS?________________________

A37
WHICH WAS HIS SECOND HIGHEST SOURCE OF INCOME OVER THE LAST SIX MONTHS?________________________

A38
WHICH WAS HIS THIRD HIGHEST SOURCE OF INCOME OVER THE LAST SIX MONTHS?________________________

20. OVER THE LAST 6 MONTHS HOW MANY DAYS DID HE WORK? (120 working days of 4 weeks/month and 5 days/week

A39 A40 A41 ____FULL-TIME (8 hours per day) ____ PART-TIME (Less than 8 hours per day)

21. WHAT WAS HIS AVERAGE TOTAL MONTHLY INCOME OVER THE LAST 6 MONTHS?

A42 A43 A44 A45 ________________________ ____Average Monthly Income

22. IN THIS LAST YEAR, WHAT IS THE LONGEST TIME HE EVER HELD A SPECIFIC FULL-TIME JOB?

A46 A47 ______________________________Months.

23. HAS HE BEEN FIRED FROM A JOB THIS YEAR? (Don't count from alcohol related problems.)
(0)____No or If yes:____Actual Number of Times

A48 A49 IF YES, WHY?______________________________

24. AT TIMES DURING THE INTERVIEW I'LL WANT TO KNOW ABOUT HOW MUCH TROUBLE ________________ HAD WHEN HE WAS ACTUALLY DRINKING. TO DO THAT I'LL ASK ABOUT PROBLEMS DURING THE MOST RECENT 30 DAY PERIOD HE WAS DRINKING. WHEN WAS HIS MOST RECENT 30 DAYS OF DRINKING? FROM ________________ TO ____________________. I'LL CALL THIS HIS LAST DRINKING MONTH. DURING THESE 30 DAYS, HOW MANY DAYS OF WORK DID HE MISS BECAUSE OF DRINKING ________________DAYS. (NOTE - RELATES TO THIS LAST YEAR ONLY).

A50 A51

20=missed all days of work
88=not working this last 30 days
99=not drinking this last 30 days

NOW A FEW QUESTIONS ABOUT ANY LEGAL PROBLEMS HE MAY HAVE HAD RECENTLY.

25. OVER THIS LAST YEAR, HAS HE HURT ANYONE IN A FIGHT BADLY ENOUGH SO THAT THEY NEEDED TO SEE A DOCTOR?

A52 (0)____No or If yes:____The Actual Number of Times in All

IF YES, DID HE EVER DO THIS WHEN INTOXICATED?

A53 (0)____No or If yes:____The Actual Number of Time When Intoxicated.

26. EXCEPT IN MILITARY ACTION OR BATTLE, HAS HE USED A WEAPON IN A FIGHT LIKE A GUN, A KNIFE, A CLUB OR BOARD, ETC. DURING THIS LAST YEAR?

A54 (0)____No or If yes:____The Actual Number of Times in All

IF YES, DID HE EVER DO THIS WHEN HE WAS INTOXICATED?

A55 (0)____No or ____The Actual Number of Times When Intoxicated.

27. HOW MANY MOVING TRAFFIC VIOLATIONS HAS HE HAD DURING THE LAST YEAR? (Don't count alcohol related violations.)

A56 (0)____None or If yes:____Actual Number of Violations This Last YEAR.

A57 ____Actual Number of Violations This Last 6 MONTHS

28. IN THE LAST YEAR, HAS HE BEEN ARRESTED FOR A CRIMINAL OFFENSE? DON'T COUNT DRIVING WHILE INTOXICATED OR DRUNKENNESS ARRESTS.

A58 A59 (00)____No or If yes, how many times?________________________in the last year.

A60 A61 ____ ________________________in the last 6 months.

29. DURING THE LAST YEAR HAS HE SPENT THE NIGHT IN JAIL FOR ANY REASON?
(0)____No (1)____Yes IF YES, WHAT IS THE LONGEST TIME HE HAS EVER BEEN IN JAIL AT ONE STRETCH THIS LAST YEAR?

A62

A63 A64 A65 ________________Actual Number of Days This Last Year

A66 A67 A68 ________________Actual Number of Days This Last Six Months

30. HOW MANY NIGHTS TOTAL HAS HE SPENT IN JAIL IN THE LAST 6 MONTHS? ____________Nights.

A69 A70 A71

31. IS HE PRESENTLY ON POLICE PROBATION OR AWAITING A POLICE HEARING OR TRIAL?

A72 (0)____No (1)____Yes IF YES, EXPLAIN:______________________________

A73 IF YES, IS THIS THE SAME PROBLEM HE WAS ON PROBATION OR AWAITING A HEARING WHEN HE WAS WITH US A YEAR AGO?

(0)____No (1)____Yes (9)____Not Applicable, wasn't on probation.

B1 B2

B3 B4 B5 B6

B7 B8 NEXT WE WOULD LIKE INFORMATION ABOUT HIS RECENT ALCOHOL-RELATED PROBLEMS.

32. DURING THE LAST 30 DAYS HE DRANK THIS YEAR, ON HOW MANY DAYS DID HE HAVE AN ARGUMENT WITH HIS SPOUSE (OR SIGNIFICANT OTHER) WHILE DRINKING? Remember, this question concerns _____ to _____. (See Q.24, P.3)

B9 B10 ____________________Days

33. WITHIN THE LAST DRINKING MONTH, DID ALCOHOL CAUSE A PROBLEM FOR HIM WITH:

B11 HIS SPOUSE? (0)_____No (1)_____Yes (9)_____Not Applicable; he's not married.

B12 HIS CHILDREN? (0)_____No (1)_____Yes (9)_____Not Applicable; he has no childre

B13 HIS JOB? (0)_____No (1)_____Yes (9)_____No Applicable; he has no job.

B14 HIS HEALTH? (0)_____No (1)_____Yes

B15 THE POLICE? (0)_____No (1)_____Yes

B16 ANY OTHER PROBLEMS? (0)_____No (1)_____Yes

B17 PLEASE EXPLAIN WHAT THOSE PROBLEMS ARE:______________________________

OVER THE LAST YEAR:

34. WAS HE DEMOTED ON A JOB BECAUSE OF DRINKING?

B18 B19 (00)_____Never HOW MANY TIMES DID THIS HAPPEN THIS LAST YEAR? _______Number of Times.

B20 B21 HOW MANY TIMES IN THE LAST SIX MONTHS? _______Number of Times.

B22 B23 HOW MANY TIMES IN THE LAST (DRINKING) MONTH? _______Number of Times.

B24

35. WAS HE FIRED BECAUSE OF DRINKING?

B25 B26 (00)_____Never HOW MANY TIMES DID THIS HAPPEN THIS LAST YEAR? _______Number of Times.

B27 B28 HOW MANY TIMES IN THE LAST SIX MONTHS? _______Number of Times.

B29 B30 HOW MANY TIMES IN THE LAST (DRINKING) MONTH? _______Number of Times.

36. HAS HE HAD AN AUTO ACCIDENT BECAUSE OF DRINKING?

B31 B32 (00)_____Never HOW MANY TIMES DID THIS HAPPEN THIS LAST YEAR? _______Number of Times

B33 B34 HOW MANY TIMES IN THE LAST SIX MONTHS? _______Number of Times

B35 B36 HOW MANY TIMES IN THE LAST (DRINKING) MONTH? _______Number of Times

37. WAS HE PICKED UP FOR DRUNK DRIVING?

B37 B38 (00)_____Never HOW MANY TIMES DID THIS HAPPEN THIS LAST YEAR? _______Number of Times

B39 B40 HOW MANY TIMES IN THE LAST SIX MONTHS? _______Number of Times

B41 B42 HOW MANY TIMES IN THE LAST (DRINKING) MONTH? _______Number of Times

38. WAS HE ARRESTED FOR PUBLIC INTOXICATION, DRUNK AND DISORDERLY CONDUCT, OR ANY OTHER NON-DRIVING ALCOHOL ARREST?

B43 B44 (00)_____Never HOW MANY TIMES DID THIS HAPPEN THIS LAST YEAR? _______Number of Times

B45 B46 HOW MANY TIMES IN THE LAST SIX MONTHS? _______Number of Times

B47 B48 HOW MANY TIMES IN THE LAST (DRINKING) MONTH? _______Number of Times

OVER THE LAST YEAR:

39. WAS HE SEPARATED 1 MONTH OR MORE OR DIVORCED FROM HIS SPOUSE BECAUSE OF HIS DRINKING PROBLEM?

(00)____Never HOW MANY TIMES DID THIS HAPPEN THIS LAST YEAR?________Number of Times.

B49 B50 HOW MANY TIMES IN THE LAST SIX MONTHS? ________Number of Times.

B51 B52 HOW MANY TIMES IN THE LAST (DRINKING) MONTH? ________Number of Times.

B53 B54

40. HAS HE GONE TO THE HOSPITAL BECAUSE OF DRINKING? (Do not count accidents.)

B55 B56 (00)____Never HOW MANY TIMES DID THIS HAPPEN THIS LAST YEAR?________Number of Times.

B57 B58 HOW MANY TIMES IN THE LAST SIX MONTHS? ________Number of Times.

B59 B60 HOW MANY TIMES IN THE LAST (DRINKING) MONTH? ________Number of Times.

41. HAS A DOCTOR TOLD HIM ALCOHOL HAD HARMED HIS HEALTH?

B61 B62 (00)____Never HOW MANY TIMES DID THIS HAPPEN THIS LAST YEAR?________Number of Times.

B63 B64 HOW MANY TIMES IN THE LAST SIX MONTHS? ________Number of Times.

B65 B66 HOW MANY TIMES IN THE LAST (DRINKING) MONTH? ________Number of Times.

42. HAS HE SPENT A NIGHT IN JAIL (8 or more hours) BECAUSE OF ALCOHOL?

B67 B68 (00)____Never HOW MANY TIMES DID THIS HAPPEN THIS LAST YEAR?________Number of Times.

B69 B70 HOW MANY TIMES IN THE LAST SIX MONTHS? ________Number of Times.

B71 B72 HOW MANY TIMES IN THE LAST (DRINKING) MONTH? ________Number of Times.

43. HAS HE HAD ANY OF THE FOLLOWING PROBLEMS RELATED TO ALCOHOL OVER THE LAST YEAR?

		NO	IF YES: # LAST YEAR	# LAST 6 MOS.	# LAST DRINKING MO.
B73 B74 B75 B76 B77 B78	DRINKING 12+ HOURS STRAIGHT	__	______	______	______
C1 C2					
C3 C4 C5 C6					
C7 C8	MISSED 2+ CONSECUTIVE MEALS BECAUSE OF DRINKING	__	______	______	______
C9 C10 C11 C12 C13 C14	FELT HE HAD "LOST CONTROL" OF HIS DRINKING	__	______	______	______
C15 C16 C17 C18 C19 C20	TAKEN A DRINK BEFORE NOON	__	______	______	______
C21 C22 C23 C24 C25 C26	HAD SHAKES THE "MORNING AFTER"	__	______	______	______
C27 C28 C29 C30 C31 C32	HALLUCINATIONS (SEEING, HEARING, OR FEELING THINGS THAT WEREN'T THERE)	__	______	______	______
C33 C34 C35 C36 C37 C38					
C39 C40 C41 C42 C43 C44	CONVULSIONS (LOSING CONSCIOUSNESS AND FALLING ONTO THE FLOOR WITH A JERKING MOVEMENT OF HIS ARMS AND LEGS)	__	______	______	______
	VOMITING BLOOD	__	______	______	______
C45 C46 C47 C48 C49 C50	BLACKOUTS (CAN'T REMEMBER WHAT HE DID WHILE HE WAS DRINKING)	__	______	______	______
C51 C52 C53 C54 C55 C56	DOCTOR SAID HE HAD PANCREATITIS	__	______	______	______
C57 C58 C59 C60 C61 C62	DOCTOR SAID HE HAD LIVER PROBLEMS	__	______	______	______
C63 C64 C65 C66 C67 C68	SAW A DOCTOR, PSYCHOLOGIST, SOCIAL WORKER, OR COUNSELOR TO HELP HIM STOP DRINKING (other than VA)	__	______	______	______
C69 C70 C71 C72 C73 C74					

44. ARE THERE ANY OTHER PROBLEMS HE'S HAD WITH ALCOHOL THAT WE HAVEN'T ASKED ABOUT?

C75 (0)____No (1)____Yes IF YES, PLEASE EXPLAIN,______________________________

____

BEST COPY AVAILABLE

D1 D2

D3 D4 D5 D6

D7 D8

45. WHAT IS THE LONGEST PERIOD OF TIME IN WEEKS THAT HE HAS PARTICIPATED IN ALCOHOLICS ANONYMOUS AT LEAST ONCE A WEEK DURING THIS LAST YEAR?______________________________WEEKS.

D9 D10

46. WHAT IS THE LONGEST TIME IN DAYS HE HAS STAYED ON THE WAGON (ABSTAINED) AT ONE TIME SINCE LEAVING OUR PROGRAM A YEAR AGO?______________________________Days.

D11 D12 D13

47. IN THE LAST 6 MONTHS WHAT IS THE LONGEST PERIOD OF TIME HE HAS STAYED ON THE WAGON? (6 months = 180 days)______________________________Days.

D14 D15 D16

48. IN THE LAST MONTH WHAT IS THE LONGEST PERIOD OF TIME HE HAS STAYED ON THE WAGON? (1 month = 30 days). ______________________________Days.

D17 D18

49. OVER THE LAST YEAR WHAT IS THE LONGEST TIME IN DAYS HE HAS BEEN ABLE TO DRINK IN A "CONTROLLED WAY" WITHOUT GETTING DRUNK OR GETTING INTO TROUBLE OR PASSING OUT? ________Days.

D19 D20 D21

50. OUT OF THE LAST SIX MONTHS, HOW MANY MONTHS DID HE TAKE A DRINK IN?________Months.

D22

51. IN THE MONTHS HE WAS DRINKING, HOW MANY DAYS ON THE AVERAGE WOULD HE TAKE A DRINK?________Days.

D23 D24

52. OVER THE LAST 6 MONTHS, IN THE AVERAGE 24-HOUR PERIOD HE WAS DRINKING, HOW MANY DRINKS WOULD HE HAVE?____________________Drinks. NOTE: 1 Single Mixed Drink = 1 Drink

1 12 oz. Beer = 1 Drink

D25 D26

FOR WHISKEY:
1 Shot = 1 Drink
a Pint = 10 Drinks
a Fifth = 16 Drinks

FOR WINE:
1 4 oz. wine = 1 Drink
a Pint = 3 Drinks
a Fifth = 6 Drinks
a Half-gallon =15 Drinks

53. OVER THE LAST 6 MONTHS, WHAT DO YOU ESTIMATE TO BE THE MOST NUMBER OF DRINKS HE HAS HAD IN 24 HOURS?

D27 D28

____________________Drinks.

54. IN HIS LAST DRINKING MONTH, HOW MANY DAYS DID HE TAKE A DRINK IN? ____________________Days.

D29 D30

55. IN HIS LAST DRINKING MONTH, IN THE AVERAGE 24-HOUR PERIOD HE WAS DRINKING, HOW MANY DRINKS WOULD HE HAVE?____________________Drinks (Interviewer: See chart in #52.)

D31 D32

56. IN HIS LAST DRINKING MONTH, WHAT WAS THE MOST NUMBER OF DRINKS HE HAD IN 24 HOURS.________Drinks.

D33 D34

NOW I WANT TO UNDERSTAND MORE ABOUT ________________ EXPERIENCE WITH ALCOHOL TREATMENT PROGRAMS THIS LAST YEAR.

FIRST, SOME QUESTIONS ABOUT HIS EXPERIENCES WITH OUR PROGRAM

57. HOW MANY TIMES DID HE VISIT HIS CONTACT PERSON OR TAKE PART IN OUR AFTERCARE PROGRAM?_______Times

WHO IS HIS CONTACT PERSON?______________________________

D35 D36

58. HOW LONG (IN WEEKS) AFTER HIS DISCHARGE ON ________________DID HE STOP CONTACT WITH OUR AFTERCARE PROGRAM?______________________________Weeks.

D37 D38

59. SINCE DISCHARGE A YEAR AGO, WAS HE EVER TREATED AGAIN AT THE SAN DIEGO VA ALCOHOL TREATMENT PROGRAM?______________________________.

D39

60. DID OUR PROGRAM SEND HIM TO A LIVE-IN HALFWAY HOUSE? ________________(0)_____No (1)_____Yes

IF YES, , HOW MANY NIGHTS DID HE STAY THERE OVER THE LAST YEAR? ________________NIGHTS.

D40 D41 D42

NOW SOME QUESTIONS ABOUT ______________________EXPERIENCES WITH OTHER ALCOHOL PROGRAMS.

61. HAS HE RECEIVED ANY OTHER INPATIENT TREATMENT AT OTHER FACILITIES FOR ALCOHOL PROBLEMS SINCE LEAVING OUR PROGRAM ON ______________________? IF SO, WHAT?______________________

(0)_____No (1)_____Yes (Don't count outpatient visits to our program or treatment in a half-way house if we referred him there.)

D43 D44 D45

IF YES: IN THE LAST YEAR HOW MANY TIMES DID HE GO TO AN EMERGENCY ROOM BECAUSE OF A DRINKING PROBLEM? (Don't count County Detox. or physical health problems). ___________Times.

62. HOW MANY TIMES DID HE GO TO THE ALCOHOL SERVICE CENTER (County Detox)?________________Times

D46 D47

D48 D49 63. HOW MANY TIMES THIS LAST YEAR HAS HE BEEN AN INPATIENT IN ANOTHER PROGRAM BECAUSE OF HIS DRINKING PROBLEM? (Don't count County Detox or physical health problems).
(00)_____Never or _____Number of Times.

D50 D51 64. HOW LONG AGO, IN MONTHS, WAS THE LAST TIME HE WAS DISCHARGED FROM AN INPATIENT ALCOHOLISM TREATMENT PROGRAM? (Don't count his stay with us a year ago).
(00)_____Never or _____Number of Months (99)_____Never Treated

D52 D53 D54 65. HOW MANY NIGHTS DID HE SPEND IN A HALF-WAY HOUSE (IF WE DIDN'T SEND HIM THERE?)________ Nights.

NOW SOME QUESTIONS ABOUT HIS USE OF DRUGS OTHER THAN ALCOHOL OVER THE LAST YEAR.

HOW MANY TIMES IN THE LAST YEAR DO YOU ESTIMATE THAT HE HAS TAKEN THE FOLLOWING SUBSTANCES?

D55 D56 66. MARIJUANA (INCLUDING HASHISH AND THC)?
(00)_____Never or ________________Times.

D57 D58 67. HALLUCINOGENS (LSD, MESCALINE, PEYOTE, MDA, DMT, PCP, STP, PSILOCYBIN, ETC.)?
(00)_____Never or ________________Times.

D59 D60 68. BARBITURATES AND DOWNERS, OR TRANQUILIZERS LIKE LIBRIUM, THAT WERE NOT PRESCRIBED FOR HIS USE, OR IF PRESCRIBED, WERE USED REGULARLY AT HIGHER LEVELS THAN PRESCRIBED?
(00)_____Never or ________________Times.

D61 D62 69. ORAL AMPHETAMINES, RITALIN, INTRAVENOUS METHEDRINE ("SPEED"), DESOXYN, DIET PILLS, AND OTHER AMPHETAMINES THAT WEREN'T PRESCRIBED FOR HIS USE; OR IF PRESCRIBED WERE USED REGULARLY AT HIGHER LEVELS THAN PRESCRIBED?
(00)_____Never or ________________Times.

D63 D64 70. OPIATES (HEROIN, PAREGORIC, ETC.)?
(00)_____Never or ________________Times.

D65 D66 71. SOLVENTS (GLUE, AEROSOLS, TOLUENE, GASOLINE, PAINT ETC.)?
(00)_____Never or ________________Times.

D67 D68 72. COCAINE?
(00)_____Never or ________________Times.

D69 D70 73. ARE THERE ANY OTHERS? IF YES, WHICH ONES? ____
____

D71 74. HAS HE HAD ANY OF THE FOLLOWING PROBLEMS BECAUSE OF DRUG USE OTHER THAN ALCOHOL IN THE LAST YEAR?
(0)____ No _____Yes IF YES, CHECK ALL PROBLEMS HE HAS HAD: (Code number of problems0

_____MARITAL SEPARATION OR DIVORCE BECAUSE OF HIS DRUG USE.
_____LAID OFF FROM WORK OR FIRED BECAUSE OF HIS DRUG USE.
_____TWO OR MORE ARRESTS BECAUSE OF HIS USE OF DRUGS OTHER THAN MARIJUANA.
_____A DOCTOR HAS SAID THAT DRUGS HAVE HARMED HIS HEALTH.
_____USED DRUGS INTRAVENOUSLY

D72 75. HAS HE HAD ANY OTHER DRUG PROBLEM? IF SO, WHAT?________________________________
____

D73 76. IF YES, WHAT DRUGS WAS HE TAKING WHEN HE HAD THESE PROBLEMS?
(Check all that were associated with the problem.)

D74 D75 D76
(1)_____Marijuana (including Hashish and THC)
(2)_____Hallucinogens (LSD, Mescaline, Peyote, MDA DMT, PCP, STP, Psilocybin, Etc.)
(3)_____Barbiturates and Downers that Weren't Prescribed for your Use, Valium, Etc.
(4)_____Oral Amphetamines, Ritalin, Intravenous Methedrine ("Speed"), Desoxyn, Diet Pills, and Other Amphetamines that Were n't Prescribed for your Use.
(5)_____Opiates (Heroin, Paregoric, Etc.)
(6)_____Solvents (Glue, Aerosols, Toluene, Amyl Nitrite, Etc.)
(7)_____Cocaine
(8)_____Other:____

D77 D78 77. HOW MANY VISITS DID YOU HAVE TO AN OUTPATIENT ALCOHOL TREATMENT PROGRAM OTHER THAN THE SAN DIEGO V.A.? ______________________________Visits

E1 E2

E3 E4 E5 E6

E7 E8 NOW I HAVE SOME QUESTIONS ABOUT HIS PHYSICAL HEALTH.

77. HOW HAS HIS HEALTH BEEN THIS LAST YEAR?

(1)____Generally Bad
(2)____Generally Fair
(3)____Generally Good

E9

78. HOW MANY OPERATIONS HAS HE HAD THIS YEAR ?

E10 (0)____None or ____________Number of Operations

79. DOES HE HAVE ANY PRESENT MEDICAL PROBLEMS FOR WHICH HE IS TAKING MEDICATION?

E11

E12 E13 E14 E15 (0 _____ No or ___________IF YES, PLEASE EXPLAIN THE MEDICAL PROBLEM AND THE MEDICATION AND DOSAGE.___________ ______________

E16 E17 E18 E19

80. WAS HE ADMITTED TO A HOSPITAL FOR ANY MEDICAL PROBLEM THIS LAST YEAR (OTHER THAN OPERATIONS AS DISCUSSED ABOVE.)?

E20 E21 (00)_____No or __ __ ____Yes IF YES, HOW MANY NIGHTS IN ALL DID HE SPEND IN A HOSPITAL?_____ ______________Nights. WHAT FOR?

E22 E23 81. HOW MANY PHYSICIAN OR CLINICAL VISITS FOR MEDICAL PROBLEMS DID HE HAVE THIS LAST YEAR? ____________________Visits WHAT FOR:_______________________________

NOW SOME QUESTIONS ABOUT ANY PHYSICAL, EMOTIONAL, OR PSYCHIATRIC PROBLEMS HE MAY HAVE HAD THIS LAST YEA

E24 82. WAS HE TREATED BY A MENTAL HEALTH WORKER SUCH AS A PSYCHIATRIST, PSYCHOLOGIST OR SOCIAL WORKER? DO NOT COUNT TIMES HE WAS IN THE HOSPITAL OR THE MAJOR PROBLEM WAS ALCOHOL OR DRUGS. (Check all that apply). (Code to lowest number).

(0)____No, Never Treated.
(1)____Yes, Psychiatrist
(2)____Yes, Psychologist
(3)____Yes, Social Worker
(4)____Yes, Other
Please specify:_______________________

IF YES, WHY DID HE SEE THEM?_______________________________

E25 E26 HOW MANY SESSIONS HAS HE HAD WITH ALL MENTAL HEALTH WORKERS ALTOGETHER THIS LAST YEAR? DO NOT COUNT TIMES WHEN HE WAS IN THE HOSPITAL; OR FOR ALCOHOL PROBLEMS WE'VE ALREADY DISCUSSED._______________________Total Number of Sessions When Not in Hospital

E27 E28 83. WAS HE HOSPITALIZED FOR TREATMENT OF A MENTAL PROBLEM THIS YEAR? DON'T COUNT TIMES WHERE THE MAJOR PROBLEM WAS ALCOHOL OR DRUGS.

(00)____Never or ____Actual Number of Times

E29 84. THIS LAST YEAR WAS HE DEPRESSED, SAD, BLUE, DESPONDENT, HOPELESS, "DOWN IN THE DUMPS", IRRITABLE FEARFUL, WORRIED, OR DISCOURAGED CONSTANTLY FOR TWO WEEKS OR LONGER? BE CERTAIN HE WAS DEPRESSED ALL DAY EVERY DAY FOR TWO WEEKS.

(0)____No (1)____Yes (2)____Yes, But Only When Drinking or Abusing Drugs.

DID THIS PERIOD OF DEPRESSION SERIOUSLY INTERFERE OR CAUSE A MAJOR DISRUPTION IN HIS LIFE?

E30 (0)____No (1)____Yes IF YES, WHAT WAS THE SPECIFIC PROBLEM THAT RESULTED FROM THE DEPRESSION (i.e., failed a course, had to drop out of school, was fired from a job because of the depression)?

____

____

IF HE WAS DEPRESSED ALL DAY EVERY DAY FOR 2 WEEKS OR LONGER, DID HE HAVE ANY OF THE FOLLOWING SYMPTOMS OCCURRING FOR 2 WEEKS OR MORE DURING THE SAME PERIOD? IF HE WAS DEPRESSED FOR 2 WEEKS OR MORE ON MORE THAN ONE OCCASION, PLEASE ANSWER FOR THE EPISODE THAT WAS THE MOST SEVERE.

		NO(0)	YES (1)
E31	POOR APPETITE	____	____
E32	LOSS OF TWO OR MORE POUNDS A WEEK WHEN NOT DIETING	____	____
E33	SLEEP DIFFICULTY, TROUBLE SLEEPING, OR A SIGNIFICANT INCREASE IN SLEEP NEED	____	____
E34	SIGNIFICANT LOSS OF ENERGY, OR TIREDNESS	____	____
E35	LOSS OF INTEREST IN HIS USUAL ACTIVITIES	____	____
E36	DECREASE IN SEXUAL DRIVE	____	____
E37	FEELINGS OF SELF REPROACH OR GUILT	____	____
E38	INABILITY TO CONCENTRATE	____	____
E39	SLOW THINKING, OR MIXED-UP THOUGHTS	____	____
E40	RECURRENT THOUGHT OF DEATH OR SUICIDE	____	____
E41	THOUGHTS OF WISHING TO BE DEAD	____	____
E42	SUICIDE ATTEMPTS	____	____
E43	CRYING EASILY, TEARFULNESS, OR FEELING LIKE CRYING	____	____
E44	LOSS OF ABILITY TO EXPERIENCE OR EXPRESS JOY OR SORROW	____	____
E45	MORE THAN USUAL DIFFICULTY IN MAKING DECISIONS	____	____
E46 E47	INTERVIEWER: Code number of symptoms	_ _	____

85. WAS HE TAKING ANY PRESCRIBED OR ILLEGAL DRUGS WHEN THIS PERIOD OF DEPRESSION BEGAN?

E48 (0)____No (1)____Yes IF YES, WHAT DRUGS WAS HE TAKING AND WHAT WAS HIS FREQUENCY OF US

DRUG:______________________________ HOW OFTEN______________
DRUG:______________________________ HOW OFTEN______________
DRUG:______________________________ HOW OFTEN______________

INTERVIEWER-SKIP TO QUESTION 87 IF THERE WAS NO DEPRESSION.

86. THIS YEAR HAS HE BEEN EITHER EXTREMELY HAPPY OR EXTREMELY IRRITABLE CONSTANTLY FOR 24 HOURS A D FOR A PERIOD OF 2 WEEKS OR LONGER? DON'T COUNT TIMES HE WAS DRINKING HEAVILY OR TAKING DRUGS

E49 (0)____No (1)____Yes IF YES, HAVE ANY OF THE FOLLOWING OCCURRED FOR TWO WEEKS OR LONG DURING THAT PERIOD? ANSWER FOR THE WORST SUCH PERIOD IF THIS HA HAPPENED TO HIM MORE THAN ONCE. THESE MUST ALL OCCUR AT THE SA PERIOD OF TIME.

		NO (0)	YES (1)
E50	MUCH MORE PHYSICALLY ACTIVE	____	____
E51	MUCH MORE SOCIALLY ACTIVE	____	____
E52	MUCH MORE SEXUALLY ACTIVE	____	____
E53	PRESSURE TO KEEP TALKING	____	____
E54	MUCH LESS SLEEP (1 to 2 HOURS)	____	____
E55	EASILY DISTRACTED	____	____
E56	FELT MUCH BETTER THAN HE ACTUALLY WAS	____	____

BEST COPY AVAILABLE

		NO (0)	YES (1)
E57	IDEAS COMING AND GOING VERY FAST	______	______
E58	WENT ON BUYING SPREES OR MADE FOOLISH BUSINESS INVESTMENTS	______	______

E59 E60 INTERVIEWER: Code number of symptoms.

DID THIS PERIOD OF EXTREME HAPPINESS OR EXTREME IRRITABILITY SERIOUSLY INTERFERE WITH HIS LIFE?

E61 (0)___No (1)____Yes IF YES, WHAT SPECIFIC PROBLEMS RESULTED?________________
____
____

NOW SOME QUESTIONS ABOUT UNUSUAL EXPERIENCES PEOPLE SOMETIMES HAVE.

E62 87. DURING THIS LAST YEAR WAS HE EVER CONVINCED THAT HE WAS SPECIAL AND THAT PEOPLE WERE PLOTTING TO HARM HIM?
(0)____No (1)____Yes, But Only When Drunk or Abusing Drugs
(2)____Yes Occurred When Not Drinking or Abusing Drugs
Please describe:________________

E63 88. DURING THIS LAST YEAR DID HE FEEL AS IF HIS MIND WAS BEING MANIPULATED OR ACTUALLY CONTROLLED BY SOME UNUSUAL OR MYSTERIOUS FORCE?
(0)____No (1)____Yes, But Only When Drunk or Abusing Drugs
(2)____Yes, Occurred When Not Drinking or Abusing Drugs
Please describe________________

E64 89. DRUING THIS LAST YEAR HAS HE FELT INFLUENCED IN UNUSUAL WAYS, SUCH AS BY MACHINES, HYPNOSIS, RADAR WAVES, RADIO, TELEVISION, OR NEWSPAPERS?
(0)____No (1)____Yes, But Only When Drunk or Abusing Drugs
(2)____Yes, Occurred When Not Drinking or Abusing Drugs
Please describe:________________

E65 90. DURING THIS LAST YEAR HAS HE HEARD VOICES THAT OTHER PEOPLE COULDN'T HEAR? SEEN THINGS? FELT THINGS?
(0)____No (1)____Yes, But Only When Drunk or Abusing Drugs
(2)____Yes, Occurred When Not Drinking or Abusing Drugs
Please describe:________________

E66 91. DURING THIS LAST YEAR WERE THERE ANY DAYS WHEN FOR 12+ HOURS HE WAS CONFUSED AND COULDN'T FUNCTION?
(0)____No (1)____Yes, But Only When Drunk or Abusing Drugs
(2)____Yes, Occurred When Not Drinking or Abusing Drugs
Please describe:________________

92. IS THERE ANY OTHER INFORMATION YOU THINK WE SHOULD HAVE IN TRYING TO UNDERSTAND HOW HE'S DONE THIS LAST YEAR?
E67 (0)____No (1)____Yes IF YES, WHAT?________________
____

93. DO YOU FEEL OUR PROGRAM HELPED HIM?
E68 (0)____No (1)____Yes IF YES, HOW?________________
____

94. ARE THERE ANY WAYS YOU THINK WE SHOULD CHANGE THE PROGRAM?
E69 (0)____No (1)____Yes IF SO, HOW?________________
____

THAT'S ALL THE QUESTIONS WE HAVE. THANK YOU FOR YOUR HELP.
____
____

INTERVIEWER, PLEASE NOW FILL IN THESE QUESTIONS

E70 95. WHAT IS THE RELATIONSHIP OF THE RESPONDENT TO THE PATIENT? ________________

96. IN HOW MANY WEEKS OUT OF THE LAST 52 WEEKS DID THE RESPONDENT SEE OR TALK TO THE PATIENT?______Weeks.

E71 E72 97. WHO WAS THE INTERVIEWER?________________

E73 98. HOW WAS THE INTERVIEW DONE?

E74
1. In Person
2. By Phone

99. HOW LONG (IN MINUTES) DID THIS INTERVIEW TAKE?________________Minutes.

E75 E76 100. DECEASED? (0) DEAD (1) ALIVE.

E77 101. IF DECEASED, HOW LONG SINCE DISCHARGE FROM ATP DID THE DEATH OCCUR?

E78 E79 102. IF DECEASED, CAUSE OF DEATH.

E80

ALCOHOL TREATMENT PROGRAM (ATP)
FAMILY HISTORY FOLLOW-UP INTERVIEW
(RESOURCE PERSON FORM)

Author:	Marc A. Schuckit
Assessment Areas Covered:	Demographics, family alcohol and drug use, drinking history, mental health, physical health, employment, antisocial behavior, level of functioning, resource person
Administration:	Face-to-face structured interview (approximately 20 minutes), voluntary, identifying data is collected, at followup
Design Features:	A highly structured interview to be used by a trained interviewer who is expected to probe for incomplete answers and inconsistencies; 87 multiple-choice, completion, and yes/no items
Abstract:	This highly structured instrument was developed to determine the level of functioning in the 12 months after completion of an ATP program. The material covered includes identifying data and demography but places an emphasis on drug and alcohol patterns and problems as well as overall life functioning. The data generated from this interview can be used to develop an outcome score in each of nine life areas as well as a total outcome level of functioning. This form is used as a supplement to the patient's form. The validity of information garnered from the patient is tested through information obtained from the resource person--an individual likely to have known about the patient's course over the 12 months since treatment.
Related Published Reports:	Schuckit, M.A.; Morrison, C.R.; and Gold, E.O. A pragmatic alcoholism treatment outcome scale. *American Journal of Drug and Alcohol Abuse*, 10:125-131, 1983. Schuckit, M.A. The relationship between the course of primary alcoholism and family history. *Journal of Studies on alcohol*, 45:1-8, 1984. Schuckit, M.A. A one-year follow-up of alcoholics given disulfiram. *Journal of Studies on Alcohol*, 46(3), 1985. Schuckit, M.A. A study of alcoholics with secondary depression. *American Journal of Psychiatry*, 140:711-714, 1983.
Availability Source:	Marc A. Schuckit, M.D., Department of Psychiatry (116A), Veterans Administration Medical Center, 3350 La Jolla Village Drive, San Diego, California 92151. There is no fee for use.

A1 A2
A3 A4 A5 A6
A7 A8

ATP FAMILY HISTORY FOLLOW-UP INTERVIEW

(RESOURCE PERSON FORM)

A9 1. FIRST, WHAT IS YOUR RELATIONSHIP TO THE PATIENT? ____________________

A10 A11 A12 A13 2. AT WHAT AGES DID THE PATIENT LIVE WITH YOU?

A14 A15 3. HOW OFTEN DID YOU SEE EACH OTHER OVER THE LAST YEAR? ____________ TIMES

NOW, SOME QUESTIONS ABOUT THE PATIENT'S EARLY LIFE EXPERIENCES.

A16 A17 4. AFTER BIRTH, WAS HE PLACED IN AN INCUBATOR? (0)____No IF YES, FOR HOW LONG? __________ Days

5. DID HE HAVE ANY CONGENITAL MALFORMATIONS?

A18 A19 (0)____No ____Yes IF YES, WHAT:

A20 A21
A22 A23

(1)____Cleft Lip or Palate
(2)____Hole in his heart (ASD or VSD)
(3)____Cross-eyed
(4)____Fused fingers or toes
(5)____Hypospadias (Penis not fused properly)
(6)____Undescended testes
(7)____Hernia

(8)
(9)
(10)
(11)
(12)
(13)____Other: ____________________
____

A24 6. DID HE DEVELOP ANY INFECTIONS THAT NEEDED TREATMENT DURING HIS FIRST FEW DAYS OF LIFE?

(0)____No (1)____Yes IF YES, WHAT? ____________________

7. ON WHAT DAY OF LIFE DID HE COME HOME FROM THE HOSPITAL? ____________ Day

A25 8. HOW OLD WAS HE WHEN HE FIRST ATTENDED SCHOOL? ____________ Years Old.

A26 A27 9. HOW MANY YEARS OF GRADE AND HIGH SCHOOL DID HE COMPLETE?

A28 A29 ____________ Actual Number of Years Complete. NOTE: "12" Years Means High School Graduate.

A30 10. IF HE DID NOT GRADUATE FROM HIGH SCHOOL, DID HE PASS A HIGH SCHOOL EQUIVALENCY TEST?

(0)____No (1)____Yes (8)____Not applicable. He graduated from high school.

A31 11. HOW MANY YEARS OF COLLEGE DID HE COMPLETE? ____________ Actual Number of Years Completed

A32 A33 12. DURING HIS LAST TWO YEARS WHILE IN JR. HIGH OR HIGH SCHOOL, ON THE AVERAGE HOW MANY TIMES A MONTH WOULD HE PLAY HOOKY? (Don't count college)(Missed at least 1/2 day of classes.)

(00)____Never or ____________ Actual Number of Times

A34 13. WAS HE EVER SUSPENDED OR EXPELLED FROM GRADE SCHOOL OR HIGH SCHOOL?

(0)____Never or ____________ Actual Number of Times

A35 14. BEFORE HE WAS 16, DID HE EVER RUN AWAY FROM HOME AT LEAST OVERNIGHT?

(0)____Never or ____________ Actual Number of Times

A36 15. WAS HE EVER PLACED IN A REFORM SCHOOL?

(0)____Never or ____________ Actual Number of Times

A37 A38 16. DID HIS PARENTS EVER REPEATEDLY SAY THAT HE WAS UNMANAGEABLE, INCORRIGIBLE, OR THAT THEY WERE UNABLE TO CONTROL HIM?

(00)____Never or IF YES: ____________ HOW OLD WAS HE WHEN HIS PARENTS FIRST SAID THIS?

17. HAS HE EVER HURT ANY ONE IN A FIGHT BADLY ENOUGH SO THAT THEY NEEDED TO SEE A DOCTOR?

A39 (0)____No or If yes: __________Actual Number of Times in All

IF YES, DID HE EVER DO THIS WHEN INTOXICATED?

A40 (0)____No __________Actual Number of Times When Intoxicated

18. EXCEPT IN MILITARY ACTION OR BATTLE, HAS HE EVER USED A WEAPON IN A FIGHT LIKE A GUN, A KNIFE, A CLUB OR BOARD, ETC.

A41 (0)____No or If yes:___________Actual Number of Times in All

IF YES, DID HE EVER DO THIS WHEN HE WAS INTOXICATED?

A42 (0)____No ___________Actual Number of Times When Intoxicated

19. DOES HE HAVE A POLICE OR ARREST RECORD FOR ANY MISDEMEANOR (OTHER THAN A TRAFFIC TICKET) SINCE AGE 16? (Exclusive of alcohol or drug related arrests.)

A43 A44 (0)____None or If Yes:___________Actual Number

20. DOES HE HAVE AN ADULT POLICE OR ARREST RECORD FOR ANY FELONY COMMITTED SINCE AGE 16? (Exclusive of alcohol or drug related arrests.)

A45 A46 (0)____None or If Yes:___________Actual Number

21. OVER THE LAST 6 MONTHS HOW MANY DAYS DID HE WORK? (120 working days.)

A47 A48 A49 ___________FULL-TIME (8 hours per day)

A50 A51 A52 ________PART-TIME (less than 8 hours)

22. WHAT WAS HIS AVERAGE TOTAL MONTHLY INCOME OVER THE LAST SIX MONTHS?

A53 A54 A55 A56 ____________________________Average Monthly Income

NOW WE WOULD LIKE INFORMATION ABOUT HIS ALCOHOL-RELATED PROBLEMS:

23. WAS HE EVER DEMOTED ON A JOB BECAUSE OF DRINKING?

A57 A58 (00)____Never or He was_____________years old the first time.

A59 A60 HOW MANY TIMES DID THIS HAPPEN? ____________________Number of Times

A61 A62 HOW MANY TIMES IN THE LAST SIX MONTHS? ______________Number of Times

* 24. WAS HE EVER FIRED BECAUSE OF DRINKING?

A63 A64 (00)____Never or He was_______________years old the first time.

A65 A66 HOW MANY TIMES DID THIS HAPPEN? ____________________Number of Times

A67 A68 HOW MANY TIMES IN THE LAST SIX MONTHS?________________Number of Times

25. HAS HE EVER HAD AN AUTO ACCIDENT BECAUSE OF DRINKING?

A69 A70 (00)____Never or He was_______________years old the first time.

A71 A72 HOW MANY TIMES DID THIS HAPPEN? ______________________Number of Times

A73 A74 HOW MANY TIMES IN THE LAST SIX MONTHS? ________________Number of Times

* 26. WAS HE EVER PICKED UP FOR DRUNK DRIVING?

A75 A76 (00)____Never or He was_______________years old the first time. How old the 2nd time? ___________years old.

A77 A78 HOW MANY TIMES DID THIS HAPPEN?_______________________Number of Times.

A79 A80 HOW MANY TIMES IN THE LAST SIX MONTHS?________________Number of Times.

B1 B2

B3 B4 B5 B6

B7 B8

*27. WAS HE EVER ARRESTED FOR PUBLIC INTOXICATION, DRUNK AND DISORDERLY CONDUCT, OR ANY OTHER NON-DRIVING ALCOHOL ARREST.

B9 B10 (00)____Never or He was______________years old the first time. How old the 2nd time? __________years old.

B11 B12 HOW MANY TIMES DID THIS HAPPEN? ____________Number of times.

B13 B14 HOW MANY TIMES IN THE LAST SIX MONTHS? ________Number of times.

*28. WAS HE EVER SEPARATED OR DIVORCED FROM HIS SPOUSE BECAUSE OF HIS DRINKING PROBLEM?

B15 B16 (00)____Never or He was______________years old the first time.

B17 B18 HOW MANY TIMES DID THIS HAPPEN?______________Number of times.

B19 B20 HOW MANY TIMES IN THE LAST SIX MONTHS?_________Number of times.

*29. HAS HE EVER GONE TO THE HOSPITAL BECAUSE OF DRINKING? (Do not count present time.) (Do not count accidents.)

B21 B22 (00)____Never or He was______________years old the first time.

B23 B24 HOW MANY TIMES DID THIS HAPPEN?______________Number of times.

B25 B26 HOW MANY TIMES IN THE LAST SIX MONTHS?_________Number of times.

* 30. HAS A DOCTOR EVER TOLD HIM ALCOHOL HAD HARMED HIS HEALTH?

B27 B28 (00)____Never or He was______________years old the first time.

B29 B30 HOW MANY TIMES DID THIS HAPPEN?______________Number of times.

B31 B32 HOW MANY TIMES IN THE LAST SIX MONTHS?_________Number of times.

31. HAS HE EVER SPENT A NIGHT IN JAIL (8 or more hours) BECAUSE OF ALCOHOL?

B33 B34 (00)____Never or He was______________years old the first time.

B35 B36 HOW MANY TIMES DID THIS HAPPEN?______________Number of times.

B37 B38 HOW MANY TIMES IN THE LAST SIX MONTHS?_________Number of times.

32. WHAT IS THE LONGEST PERIOD OF TIME IN MONTHS THAT HE HAS CONSISTENTLY PARTICIPATED IN ALCOHOLICS ANONYMOUS?______________________MONTHS. B39 B40

33. WHAT IS THE LONGEST TIME IN DAYS HE HAS EVER STAYED ON THE WAGON (ABSTAINED) SINCE HE BEGAN HAVING PROBLEMS WITH ALCOHOL?____________________________________DAYS B41 B42 B43 B44

34. IN THE LAST 6 MONTHS, WHAT IS THE LONGEST PERIOD OF TIME HE HAS STAYED ON THE WAGON?

B45 B46 B47 ________________________________ DAYS.

35. WHAT AGES WAS HE DRY FOR 3 OR MORE MONTHS AT A TIME? ____________TO______________

B48 B49 B50 B51

INTERVIEWER: Record any others on facing page. ____________TO______________

B52 B53 B54 B55 ____________TO______________

B56 B57 B58 B59

36. SINCE HE FIRST BEGAN HAVING PROBLEMS WITH ALCOHOL, WHAT IS THE LONGEST TIME IN DAYS HE HAS BEEN ABLE TO DRINK IN A "CONTROLLED WAY" WITHOUT GETTING DRUNK OR GETTING INTO TROUBLE. B60 B61 B62 B63

________________________Days

B64 37. OUT OF THE LAST SIX MONTHS, HOW MANY MONTHS DID HE TAKE A DRINK IN? ________________MONTHS

B65 B66 37a. IN THE MONTHS HE WAS DRINKING, HOW MANY DAYS ON THE AVERAGE WOULD HE TAKE A DRINK? __________DAYS.

B67 B68 38. OVER THE LAST 6 MONTHS, IN THE AVERAGE 24-HOUR PERIOD HE WAS DRINKING, HOW MANY DRINKS WOULD HE HAVE?

________________DRINKS

NOTE: 1 Single Mixed Drink = 1 Drink
1 12 oz. Beer = 1 Drink

For Whiskey:
1 Shot = 1 Drink
a Pint = 10 Drinks
a Fifth = 16 Drinks

For Wine:
1 4 oz. wine = 1 Drink
a Pint = 3 Drinks
a Fifth = 6 Drinks
a Half-gallon = 16 Drinks

B69 B70 39. OVER THE LAST 6 MONTHS, WHAT IS THE MOST NUMBER OF DRINKS HE HAS HAD IN 24 HOURS? ____________________DRINKS.

B71 B72 40. INTERVIEWER: WHAT IS THE AGE OF ONSET OF ALCOHOLISM (Q.24,26-30)?

NOW SOME QUESTIONS ABOUT HIS USE OF DRUGS OTHER THAN ALCOHOL:

HOW MANY TIMES IN HIS LIFE DO YOU ESTIMATE THAT HE HAS TAKEN THE FOLLOWING SUBSTANCES?

B73 B74 41. MARIJUANA (INCLUDING HASHISH AND THC)?

(00)_____Never or ____________________Times

B75 B76 42. HALLUCINOGENS (LSD, MESCALINE, PEYOTE, MDA, DMT, PCP, STP PSILOCYBIN, ETC.)?

(00)_____Never or ____________________Times

B77 B78 43. BARBITURATES AND DOWNERS THAT WEREN'T PRESCRIBED FOR HIS USE?

(00)_____Never or ____________________Times

B79 B80 44. ORAL AMPHETAMINES, RITALIN, INTRAVENOUS METHDRINE ("SPEED"), DESOXYN, DIET PILLS, AND OTHER AMPHETAMINES THAT WEREN'T PRESCRIBED FOR HIS USE?

(00)_____Never or ____________________Times

C1 C2

C3 C4 C5 C6

C7 C8

C9 C10 45. OPIATES (HEROIN, PAREGORIC, ETC.)?

(00)_____Never or ____________________Times

C11 C12 46. SOLVENTS (GLUE, AEROSOLS, TOLUENE, GASOLINE, PAINT, ETC.)?

(00)_____Never or ____________________Times

C13 C14 47. COCAINE

(00)_____Never or ____________________Times

C15 C16 48. ARE THERE ANY OTHERS? IF YES, WHICH ONES?____

____

49. HAS HE EVER HAD ANY OF THE FOLLOWING PROBLEMS BECAUSE OF DRUG USE OTHER THAN ALCOHOL?

C17 (0)____No (1)____Yes IF YES, CHECK ALL PROBLEMS HE HAS HAD:

____MARITAL SEPARATION OR DIVORCE BECAUSE OF HIS DRUG USE?
____LAID OFF FROM WORK OR FIRED BECAUSE OF HIS DRUG USE?
____TWO OR MORE ARRESTS BECAUSE OF HIS USE OF DRUGS OTHER THAN MARIJUANA?
____A DOCTOR HAS SAID THAT DRUGS HAVE HARMED HIS HEALTH?
____USED DRUGS INTRAVENOUSLY?

50. HAS HE EVER HAD ANY OTHER DRUG PROBLEM? IF SO, WHAT?____________________

C18 ____________________

51. IF YES, WHAT DRUGS WAS HE TAKING WHEN HE HAD THESE PROBLEMS?

C19 C20 C21 C22 (Check all that were associated with the problem.)

(1)____Marijuana (including Hashish & THC)
(2)____Hallucinogens (LSD, Mescaline, Peyote, MDA, DMT, PCP, STP, Psilocybin, Etc.)
(3)____Barbiturates and Downers that Weren't Prescribed for his use.
(4)____Oral Amphetamines, Ritalin, Intravenous Methedrine ("Speed"), Desoxyn, Diet Pills, and Other Amphetamines that Weren't Prescribed for Your Use.
(5)____Opiates (Heroin, Paregoric, Etc.)
(6)____Solvents (Glue, Aerosols, Toluene, Amyl Nitrite, Etc.)
(7)____Cocaine
(8)____Other:____________________

52. HOW OLD WAS HE THE FIRST TIME HE HAD ANY OF THOSE DRUG RELATED PROBLEMS? __________Years Old

C23 C24

NOW SOME QUESTIONS ABOUT ANY EMOTIONAL OR PSYCHIATRIC PROBLEMS HE MAY HAVE HAD.

53. BEFORE ENTERING THE TREATMENT PROGRAM THIS TIME, WAS HE EVER TREATED BY A MENTAL HEALTH WORKER SUCH AS A PSYCHIATRIST, PSYCHOLOGIST, OR SOCIAL WORKER? DO NOT COUNT TIMES HE WAS IN THE HOSPTIAL OR THE MAJOR PROBLEM WAS ALCOHOL OR DRUGS. (Check all that apply)

C25

(0)____No, Never Treated.
(1)____Yes, Psychiatrist.
(2)____Yes, Psychologist.
(3)____Yes, Social Worker.
(4)____Yes, Other. Please Specify:____________________

IF YES, WHY DID HE SEE THEM?____________________

____

HOW MANY SESSIONS HAS HE HAD WITH ALL MENTAL HEALTH WORKERS ALTOGETHER? DO NOT COUNT TIMES WHEN HE WAS IN THE HOSPITAL.

C26 C27

__________Total Number of Sessions When Not in Hospital.

HOW OLD WAS HE THE FIRST TIME HE SAW A MENTAL HEALTH WORKER? __________Years of Age.

C28 C29

54. WAS HE EVER HOSPITALIZED FOR TREATMENT OF A MENTAL PROBLEM? DON'T COUNT TIMES WHERE THE MAJOR PROBLEM WAS ALCOHOL OR DRUGS.

C30 C31

(00)____Never or __________Actual Number of Times

IF YES, HOW OLD WAS HE THE FIRST TIME HE WAS HOSPITALIZED? __________Years Old.

C32 C33

HOW OLD WAS HE THE MOST RECENT TIME HE WAS HOSPITALIZED? __________Years Old.

C34 C35

WHAT WERE HIS SYMPTOMS?____________________

____

____

C36 55. WAS HE EVER DEPRESSED, SAD, BLUE, DESPONDENT, HOPELESS, "DOWN IN THE DUMPS", IRRITABLE, FEARFUL, WORRIED, OR DISCOURAGED CONSTANTLY FOR TWO WEEKS OR LONGER? BE CERTAIN HE WAS DEPRESSED ALL DAY, EVERY DAY FOR TWO WEEKS.

(0)____No (1)____Yes (2)____Yes, but it was related to alcohol.

C37 C38 IF YES, HOW OLD WAS HE THE FIRST TIME HE HAD A DEPRESSION LIKE THIS? ________Years Old.

DID THIS PERIOD OF DEPRESSION SERIOUSLY INTERFERE OR CAUSE A MAJOR DISRUPTION IN HIS LIFE?

C39 (0)____No (1)____Yes IF YES, WHAT WAS THE SPECIFIC PROBLEM THAT RESULTED FROM THE DEPRESSION (i.e., failed a course, had to drop out of school, was fired from a job because of the depression)?

____

____

IF HE WAS DEPRESSED ALL DAY EVERY DAY FOR 2 WEEKS OR LONGER, DID HE HAVE ANY OF THE FOLLOWING SYMPTOMS OCCURRING FOR 2 WEEKS OR MORE DURING THE SAME PERIOD? IF HE WAS DEPRESSED FOR 2 WEEKS OR MORE ON MORE THAN ONE OCCASION, PLEASE ANSWER FOR THE EPISODE THAT WAS THE MOST SEVERE.

NOTE: Be sure he was not drinking heavily or taking illegal drugs daily.

		NO (0)	YES (1)
C40	POOR APPETITE	____	____
C41	LOSS OF TWO OR MORE POUNDS A WEEK WHEN NOT DIETING	____	____
C42	SLEEP DIFFICULTY, TROUBLE SLEEPING, OR A SIGNIFICANT INCREASE IN SLEEP NEED	____	____
C43	SIGNIFICANT LOSS OF ENERGY: OR TIREDNESS	____	____
C44	LOSS OF INTEREST IN YOUR USUAL ACTIVITIES	____	____
C45	DECREASE IN SEXUAL DRIVE	____	____
C46	FEELINGS OF SELF REPROACH OR GUILT	____	____
C47	INABILITY TO CONCENTRATE	____	____
C48	SLOW THINKING, OR MIXED-UP THOUGHTS	____	____
C49	RECURRENT THOUGHT OF DEATH OR SUICIDE	____	____
C50	THOUGHTS OF WISHING TO BE DEAD	____	____
C51	SUICIDE ATTEMPTS	____	____
C52	CRYING EASILY, TEARFULNESS, OR FEELING LIKE CRYING	____	____
C53	LOSS OF ABILITY TO EXPERIENCE OR EXPRESS JOY OR SORROW	____	____
C54	MORE THAN USUAL DIFFICULTY IN MAKING DECISIONS	____	____

C55 C56 INTERVIEWER: Code number of symptoms

C57 56. WAS HE TAKING ANY PRESCRIBED OR ILLEGAL DRUGS WHEN THIS PERIOD OF DEPRESSION BEGAN?

(0)____No (1)____Yes IF YES, WHAT DRUGS WAS HE TAKING AND WHAT WAS HIS FREQUENCY OF USE?

DRUG:________________________ HOW OFTEN:____________

DRUG:________________________ HOW OFTEN:____________

DRUG:________________________ HOW OFTEN:____________

C58 57. HAS HE EVER BEEN EITHER EXTREMELY HAPPY OR EXTREMELY IRRITABLE CONSTANTLY FOR 24 HOURS A DAY, FOR A PERIOD OF TWO WEEKS OR LONGER?

(0)____No (1)____Yes (9)____N/A (No response) (8)____DK/DNA

IF YES, HAS ANY OF THE FOLLOWING OCCURRED FOR TWO WEEKS OR LONGER DURING THAT PERIOD? ANSWER FOR THE WORST SUCH PERIOD IF THIS HAS HAPPENED TO HIM MORE THAN ONCE. THESE MUST ALL OCCUR AT THE SAME PERIOD OF TIME.

		NO (0)	YES (1)
C59	MUCH MORE PHYSICALLY ACTIVE	____	____
C60	MUCH MORE SOCIALLY ACTIVE	____	____
C61	MUCH MORE SEXUALLY ACTIVE	____	____
C62	PRESSURE TO KEEP TALKING	____	____
C63	MUCH LESS SLEEP (1 to 2 Hours)	____	____
C64	EASILY DISTRACTED	____	____
C65	FELT MUCH BETTER THAN HE ACTUALLY WAS	____	____
C66	IDEAS COMING AND GOING VERY FAST	____	____
C67	WENT ON BUYING SPREES OR MADE FOOLISH BUSINESS INVESTMENTS	____	____
C68 C69	INTERVIEWER: Code Number of Symptoms		

C70 C71 HOW OLD WAS HE THE FIRST TIME HE HAD SUCH A PERIOD AS THIS?

____________Years of age. ________DK/DNA(88) __________N/R(99)

C72 DID THIS EVER SERIOUSLY INTERFERE WITH HIS LIFE?

(0)____No (1)____Yes (8)____DK/DNA (9)____N/R

IF YES, WHAT SPECIFIC PROBLEMS RESULTED?____

____

NOW SOME QUESTIONS ABOUT UNUSUAL EXPERIENCES PEOPLE SOMETIMES HAVE.

C73 58. DID HE EVER FEEL AS IF HIS MIND WAS BEING MANIPULATED OR ACTUALLY CONTROLLED BY SOME UNUSUAL OR MYSTERIOUS FORCE?

(0)____No
(1)____Yes, But Only When Drunk or Abusing Drugs
(2)____Yes, Occurred When Not Drinking or Abusing Drugs

PLEASE DESCRIBE:____

____

C74 C75 IF HE WAS NOT USING ALCOHOL OR DRUGS, HOW OLD WAS HE THE FIRST TIME THIS HAPPENED?

______________Years Old.

C76 59. HAS HE EVER FELT INFLUENCED IN UNUSUAL WAYS, SUCH AS BY MACHINES, HYPNOSIS, RADAR WAVES, RADIO, TELEVISION, OR NEWSPAPERS?

D1 D2 (0)____No
D3 D4 D5 D6 (1)____Yes, But Only When Drunk or Abusing Drugs
D7 D8 (2)____Yes, Occurred When Not Drinking or Abusing Drugs

PLEASE DESCRIBE:____

____

D9 D10 IF HE WAS NOT USING ALCOHOL OR DRUGS, HOW OLD WAS HE THE FIRST TIME THIS HAPPENED?

______________Years Old.

D11 60. DID HE EVER HEAR VOICES THAT OTHER PEOPLE COULDN'T HEAR? SEEN THINGS? FELT THINGS?

(0)____No
(1)____Yes, But Only When Drunk or Abusing Drugs
(2)____Yes, Occurred When Not Drinking or Abusing Drugs

PLEASE DESCRIBE:______________________________

D12 D13 IF HE WAS NOT USING ALCOHOL OR DRUGS, HOW OLD WAS HE THE FIRST TIME? ________Years Old

D14 60a. WAS HE EVER CONVINCED THAT HE WAS SPECIAL AND THAT PEOPLE WERE PLOTTING TO HARM HIM?

(0)____No
(1)____Yes, But Only When Drunk or Abusing Drugs
(2)____Yes, Occurred When Not Drinking or Abusing Drugs

PLEASE DESCRIBE:______________________________

D15 D16 IF HE WAS NOT USING ALCOHOL OR DRUGS, HOW OLD WAS HE THE FIRST TIME?________Years Old

NEXT WE HAVE SOME QUESTIONS ABOUT THE PATIENT'S FAMILY BACKGROUND:

61. UNTIL HIS EIGHTEENTH BIRTHDAY, HOW MANY YEARS WAS HE RAISED BY HIS:

D17 D18 Real (biologic) Father ________Years

D19 D20 Another father, such as a foster father, stepfather, adoptive father or relative ________Years

D21 D22 Real (biologic) Mother ________Years

D23 D24 Another mother, such as a foster mother, stepmother, adoptive mother or relative ________Years

D25 D26 62. HOW MANY FULL BROTHERS DOES HE HAVE (THE SAME MOTHER AND FATHER AS HIM)? (Brothers who lived until at least their 18th birthday.) ________Brothers

D27 D28 63. HOW MANY FULL SISTERS DOES HE HAVE (THE SAME MOTHER AND FATHER AS HIM)? (Sisters who lived until at least their 18th birthday.) ________Sisters

D29 D30 64. HOW MANY HALF-BROTHERS DOES HE HAVE WHO LIVED TO THEIR 18th BIRTHDAY? (A half-brother has only one parent that is the same as his own.) ________Half-brothers

D31 D32 65. HOW MANY HALF-SISTERS DOES HE HAVE WHO LIVED TO THEIR 18th BIRTHDAY? (A half-sister has only one parent that is the same as his own.) ________Half-sisters

NOW SOME QUESTIONS ABOUT HIS CLOSE RELATIVES---HIS REAL PARENTS, ADOPTIVE PARENTS, FULL BROTHERS AND SISTERS, HALF BROTHERS AND SISTERS, AND HIS NATURAL CHILDREN.

66. HAVE ANY OF HIS CLOSE RELATIVES EVER BEEN DEPRESSED FOR TWO WEEKS OR MORE SO THAT THEY COULD NOT CARRY ON THEIR USUAL ACTIVITIES?

D33 (0)____No (1)____Yes IF YES, FILL OUT THE ANSWERS FOR EACH OF HIS RELATIVES WHO HAVE BEEN DEPRESSED FOR TWO WEEKS OR MORE

		DEPRESSED			
		NO (0)	YES (1)	HOW OLD THE FIRST TIME	HOW OLD NOW
D34 D35 D36 D37 D38	REAL FATHER	____	____	______	______
D39 D40 D41 D42 D43	REAL MOTHER	____	____	______	______
D44 D45 D46 D47 D48	ADOPTIVE FATHER	____	____	______	______
D49 D50 D51 D52 D53	ADOPTIVE MOTHER	____	____	______	______
D54 D55 D56 D57 D58	ANY FULL BROTHER	____	____	______	______
D59 D60 D61 D62 D63	A SECOND FULL BROTHER	____	____	______	______
D64 D65 D66 D67 D68	ANY FULL SISTER	____	____	______	______
D69 D70 D71 D72 D73	A SECOND FULL SISTER	____	____	______	______
D74 D75 D76 D77 D78	ANY HALF BROTHER	____	____	______	______

E1 E2

E3 E4 E5 E6

E7 E8

E9 E10 E11 E12 E13	A SECOND HALF BROTHER	____	____	______	______
E14 E15 E16 E17 E18	ANY HALF SISTER	____	____	______	______
E19 E20 E21 E22 E23	A SECOND HALF SISTER	____	____	______	______
E24 E25 E26 E27 E28	ANY SON	____	____	______	______
E29 E30 E31 E32 E33	A SECOND SON	____	____	______	______
E34 E35 E36 E37 E38	ANY DAUGHTER	____	____	______	______
E39 E40 E41 E42 E43	A SECOND DAUGHTER	____	____	______	______

INTERVIEWER: Review pages 6 and 7 if necessary.

67. HAVE ANY OF HIS CLOSE RELATIVES EVER SEEN A PSYCHIATRIST, PSYCHOLOGIST, OR OTHER MENTAL HEALTH WORKER FOR TREATMENT OF A NERVOUS OR EMOTIONAL PROBLEM? DON'T COUNT FAMILY COUNSELING SESSIONS.

E44 (0)____No (1)____Yes IF YES, FILL OUT THE ANSWERS FOR EACH OF HIS RELATIVES WHO HAVE SEEN A PSYCHIATRIST, PSYCHOLOGIST OR OTHER MENTAL HEALTH WORKER FOR TREATMENT OF A NERVOUS OR EMOTIONAL PROBLEM.

		No (0)	Yes (1)	HOW OLD THE FIRST TIME	HOW OLD NOW	WHAT WERE THEIR SYMPTOMS
E45 E46 E47 E48 E49 E50	REAL FATHER					
E51 E52 E53 E54 E55 E56	REAL MOTHER					
E57 E58 E59 E60 E61 E62	ADOPTIVE FATHER					
E63 E64 E65 E66 E67 E68	ADOPTIVE MOTHER					
E69 E70 E71 E72 E73 E74	ANY FULL BROTHER					
E75 E76 E77 E78 E79 E80	A SECOND FULL BROTHER					

F1 F2

F3 F4 F5 F6

F7 F8

F9 F10 F11 F12 F13 F14	ANY FULL SISTER					
F15 F16 F17 F18 F19 F20	A SECOND FULL SISTER					
F21 F22 F23 F24 F25 F26	ANY HALF BROTHER					
F27 F28 F29 F30 F31 F32	A SECOND HALF BROTHER					
F33 F34 F35 F36 F37 F38	ANY HALF SISTER					
F39 F40 F41 F42 F43 F44	A SECOND HALF SISTER					
F45 F46 F47 F48 F49 F50	ANY SON					
F51 F52 F53 F54 F55 F56	A SECOND SON					
F57 F58 F59 F60 F61 F62	ANY DAUGHTER					
F63 F64 F65 F66 F67 F68	A SECOND DAUGHTER					

INTERVIEWER: For antisocial problems, probe for possible antisocial personality (antisocial difficulties with home, police, peers and school beginning prior to age 16). Record below.

Code for symptoms:

(1) Alcohol
(2) Drugs
(3) Depression
(4) Loss of contact with reality
(5) Anxiety, fear, nervousness
(6) Antisocial problems
(7) Other life problems

68. HAVE ANY OF HIS CLOSE RELATIVES EVER BEEN A PATIENT IN A MENTAL HOSPITAL OR IN A GENERAL HOSPITAL FOR TREATMENT OF A NERVOUS OR MENTAL PROBLEM?

F69 (0)____No (1)____Yes IF YES, FILL OUT THE ANSWERS FOR EACH OF HIS RELATIVES WHO HAVE BEEN A PATIENT IN A MENTAL HOSPITAL OR IN A GENERAL HOSPITAL FOR TREATMENT OF A NERVOUS OR MENTAL PROBLEM?

		HOSPITALIZED? No (0)	HOSPITALIZED? Yes (1)	HOW OLD THE FIRST TIME	HOW OLD NOW	WHAT WERE THEIR SYMPTOMS
F70 F71 F72 F73 F74 F75	REAL FATHER					
G1 G2						
G3 G4 G5 G6						
G7 G8						
G9 G10 G11 G12 G13 G14	REAL MOTHER					
G15 G16 G17 G18 G19 G20	ADOPTIVE FATHER					
G21 G22 G23 G24 G25 G26	ADOPTIVE MOTHER					
G27 G28 G29 G30 G31 G32	ANY FULL BROTHER					
G33 G34 G35 G36 G37 G38	A SECOND FULL BROTHER					
G39 G40 G41 G42 G43 G44	ANY FULL SISTER					
G45 G46 G47 G48 G49 G50	A SECOND FULL SISTER					
G51 G52 G53 G54 G55 G56	ANY HALF BROTHER					
G57 G58 G59 G60 G61 G62	A SECOND HALF BROTHER					
G63 G64 G65 G66 G67 G68	ANY HALF SISTER					
G69 G70 G71 G72 G73 G74	A SECOND HALF SISTER					
G75 G76 G77 G78 G79 G80	ANY SON					
H1 H2						
H3 H4 H5 H6						
H7 H8						
H9 H10 H11 H12 H13 H14	A SECOND SON					
H15 H16 H17 H18 H19 H20	ANY DAUGHTER					
H21 H22 H23 H24 H25 H26	A SECOND DAUGHTER					

INTERVIEWER: For loss of contact with reality, ask age first time and if they ever recovered. Note below.

Code for symptoms:

(1) Alcohol
(2) Drugs
(3) Depression
(4) Loss of contact with reality
(5) Anxiety, fear, nervousness
(6) Antisocial problems
(7) Other life problems

THE FOLLOWING IS A LIST OF PROBLEMS THAT PEOPLE MIGHT HAVE BECAUSE OF THEIR OWN DRINKING:

Marital Separation or Divorce Because of Their Drinking.

Laid Off from Work or Fired Because of Their Drinking.

Two or More Drunk Driving Arrests Because of Their Drinking.

Two or More Arrests for Public Intoxication, Drunk and Disorderly Conduct, Etc. Because of Their Drinking.

Doctor Said Alcohol Had Harmed Their Health.

69. HAVE ANY OF HIS CLOSE RELATIVES EVER HAD ANY OF THESE PROBLEMS?

H27 (0)____No (1)____Yes IF YES, FILL OUT THE ANSWERS FOR EACH OF HIS RELATIVES WHO HAVE HAD THESE PROBLEMS.

		DRINKING PROBLEM No (0)	DRINKING PROBLEM Yes (1)	HOW OLD THE FIRST TIME	HOW OLD NOW	NUMBER OF PROBLEMS
H28 H29 H30 H31 H32 H33	REAL FATHER	____	____	______	____	________
H34 H35 H36 H37 H38 H39	REAL MOTHER	____	____	______	____	________
H40 H41 H42 H43 H44 H45	ADOPTIVE FATHER	____	____	______	____	________
H46 H47 H48 H49 H50 H51	ADOPTIVE MOTHER	____	____	______	____	________
H52 H53 H54 H55 H56 H57	ANY FULL BROTHER	____	____	______	____	________
H58 H59 H60 H61 H62 H63	A SECOND FULL BROTHER	____	____	______	____	________
H64 H65 H66 H67 H68 H69	ANY FULL SISTER	____	____	______	____	________
H70 H71 H72 H73 H74 H75	A SECOND FULL SISTER	____	____	______	____	________
I1 I2						
I3 I4 I5 I6						
I7 I8						
I9 I10 I11 I12 I13 I14	ANY HALF BROTHER	____	____	______	____	________
I15 I16 I17 I18 I19 I20	A SECOND HALF BROTHER	____	____	______	____	________
I21 I22 I23 I24 I25 I26	ANY HALF SISTER	____	____	______	____	________
I27 I28 I29 I30 I31 I32	A SECOND HALF SISTER	____	____	______	____	________
I33 I34 I35 I36 I37 I38	ANY SON	____	____	______	____	________
I39 I40 I41 I42 I43 I44	A SECOND SON	____	____	______	____	________
I45 I46 I47 I48 I49 I50	ANY DAUGHTER	____	____	______	____	________
I51 I52 I53 I54 I55 I56	A SECOND DAUGHTER	____	____	______	____	________

INTERVIEWER: Probe for possible antisocial personality (antisocial difficulties with home, police, peers and school beginning prior to age 16). Record below.

THE FOLLOWING IS A LIST OF PROBLEMS THAT PEOPLE MIGHT HAVE BECAUSE OF THEIR OWN DRUG MISUSE:

Marital Separation or Divorce Because of Their Drug Use.
Laid Off From Work or Fired Becuase of Their Drug Use.
Two or More Arrests Because of Their Use of Drugs Other Than Marijuana.
Doctor Said Drugs Had Harmed Their Health.
Used Drugs Intravenously (by needle).

70. HAVE ANY OF HIS CLOSE RELATIVES EVER HAD ANY OF THESE PROBLEMS?

I57 (0)____No (1)____Yes IF YES, FILL OUT THE ANSWERS FOR EACH OF HIS RELATIVES WHO HAVE HAD THESE PROBLEMS.

		DRUG PROBLEM No (0)	Yes (1)	HOW OLD-THE FIRST TIME	HOW OLD NOW	NUMBER OF PROBLEMS
I58 I59 I60 I61 I62 I63	REAL FATHER	____	____	____	____	____
I64 I65 I66 I67 I68 I69	REAL MOTHER	____	____	____	____	____
I70 I71 I72 I73 I74 I75	ADOPTIVE FATHER	____	____	____	____	____
J1 J2						
J3 J4 J5 J6						
J7 J8						
J9 J10 J11 J12 J13 J14	ADOPTIVE MOTHER	____	____	____	____	____
J15 J16 J17 J18 J19 J20	ANY FULL BROTHER	____	____	____	____	____
J21 J22 J23 J24 J25 J26	A SECOND FULL BROTHER	____	____	____	____	____
J27 J28 J29 J30 J31 J32	ANY FULL SISTER	____	____	____	____	____
J33 J34 J35 J36 J37 J38	A SECOND FULL SISTER	____	____	____	____	____
J39 J40 J41 J42 J43 J44	ANY HALF BROTHER	____	____	____	____	____
J45 J46 J47 J48 J49 J50	A SECOND HALF BROTHER	____	____	____	____	____
J51 J52 J53 J54 J55 J56	ANY HALF SISTER	____	____	____	____	____
J57 J58 J59 J60 J61 J62	A SECOND HALF SISTER	____	____	____	____	____
J63 J64 J65 J66 J67 J68	ANY SON	____	____	____	____	____
J69 J70 J71 J72 J73 J74	A SECOND SON	____	____	____	____	____
K1 K2						
K3 K4 K5 K6						
K7 K8						
K9 K10 K11 K12 K13 K14	ANY DAUGHTER	____	____	____	____	____
K15 K16 K17 K18 K19 K20	A SECOND DAUGHTER	____	____	____	____	____

INTERVIEWER: Probe for antisocial personality (antisocial difficulties with home, police, peers, and school beginning prior to age 16). Record below.

____

71. DID ANY OF HIS CLOSE RELATIVES HAVE ANY OTHER DRUG PROBLEMS?

K21 (0)____No (1)____Yes

IF YES, TELL US WHICH RELATIVES, THEIR PRESENT AGE AND WHAT PROBLEM THEY HAD.

____

____

BEST COPY AVAILABLE

NOW WE HAVE SOME QUESTIONS ABOUT HIS MORE DISTANT RELATIVES. WE ARE REFERRING TO HIS GRANDPARENTS AND THE FULL AUNTS AND UNCLES WHO ARE RELATED TO HIM BY BLOOD.

72. FIRST, HIS REAL MOTHER'S SIDE OF THE FAMILY:

A. HAVE EITHER OF HIS MOTHER'S PARENTS EVER HAD ANY OF THE FOLLOWING PROBLEMS BECAUSE OF ALCOHOL OR DELIBERATE ABUSE OF DRUGS?

Marital Separation or Divorce Because of Their Drinking or Drug Taking.
Laid Off from Work or Fired Becuase of Their Drinking or Drug Taking.
Two or More Drunk Driving Arrests Because of Their Drinking or Drug Taking.
Two or More Arrests for Public Intoxication, Drunk and Disorderly Conduct, Etc., Because of Their Drinking or Drug Taking.
Doctor Said Alcohol or Drugs Had Actually Harmed Their Health.
Repeatedly Unable to Care for the House or the Family Because of Their Alcohol or Drug Use.

____No (0) ____Yes (1)

IF YES, MOTHER'S MOTHER

K22 ____Had Alcohol Problems Listed Above (1)

K23 ____Had Drug Problems Listed Above (1)

INTERVIEWER: If both, determine which is primary.

IF YES, MOTHER'S FATHER

K24 ____Had Alcohol Problems Listed Above (1)

K25 ____Had Drug Problems Listed Above (1)

B. HAVE ANY OF HIS MOTHER'S FULL BROTHERS OR SISTERS (HIS BLOOD RELATED UNCLES AND AND AUNTS) HAD ANY OF THESE ALCOHOL OR DRUG PROBLEMS?

(Probe for blood relatives.)

____No (0) ____Yes (1)

K26 IF YES, MOTHER'S BROTHER(S)
____Number of Uncles with Alcohol Problem(s) Listed Above
K27 ____Number of Uncles with Drug Problem(s) Listed Above
IF YES, MOTHER'S SISTER(S)
K28 ____Number of Aunts with Alcohol Problem(s) Listed Above
____Number of Aunts with Drug Problem(s) Listed Above

K29

C. HAVE EITHER OF HIS MOTHER'S PARENTS EVER BEEN PSYCHIATRICALLY HOSPITALIZED FOR PROBLEMS OTHER THAN DRINKING OR DRUGS?

____No (0) ____Yes (1)

K30 IF YES, MOTHER'S MOTHER ____No (0) ____Yes (1)

K31 IF YES, MOTHER'S FATHER ____No (0) ____Yes (1)

D. HAVE ANY OF HIS MOTHER'S FULL BROTHERS OR SISTERS (HIS BLOOD RELATED UNCLES AND AUNTS) EVER BEEN PSYCHIATRICALLY HOSPITALIZED FOR PROBLEMS OTHER THAN DRINKING OR DRUGS?

____No (0) ____Yes (1)

K32 IF YES, MOTHER'S BROTHER(S) ______Number of Uncles Who Were Hospitalized

K33 IF YES, MOTHER'S SISTER(S) ______Number of Sisters Who Were Hospitalized

E. HAVE EITHER OF HIS MOTHER'S PARENTS EVER HAD OTHER PSYCHIATRIC PROBLEMS LIKE ATTEMPTED SUICIDE OR A NERVOUS BREAKDOWN?

____No (0) ____Yes (1) EXPLAIN IN DETAIL:______________________________

IF YES, MOTHER'S MOTHER ____No (0) ____Yes (1)

K34

IF YES, MOTHER'S FATHER ____No (0) ____Yes (1)

K35

F. HAVE ANY OF HIS MOTHER'S FULL BROTHERS OR SISTERS (HIS BLOOD RELATED UNCLES AND AUNTS) EVER HAD OTHER PSYCHIATRIC PROBLEMS LIKE ATTEMPTED SUICIDE OR A NERVOUS BREAKDOWN?

____No (0) ____Yes (1)

K36 IF YES, MOTHER'S BORTHER(S) ______Number of Uncles Who Had Other Problems

K37 IF YES, MOTHER'S SISTER(S)S ______Number of Uncles Who Had Other Problems
EXPLAIN IN DETAIL: ______________________________

BEST COPY AVAILABLE

74. NOW HIS REAL FATHER'S SIDE OF THE FAMILY:

A. HAVE EITHER OF HIS FATHER'S PARENTS EVER HAD ANY OF THE FOLLOWING PROBLEMS BECAUSE OF ALCOHOL OR DELIBERATE ABUSE OF DRUGS?

Marital Separation or Divorce Because of Their Drinking or Drug Taking.
Laid Off From Work or Fired Because of Their Drinking or Drug Taking.
Two or More Drunk Driving Arrests Because of Their Drinking or Drug Taking.
Two or More Arrests for Public Intoxication, Drunk and Disorderly Conduct, Etc., Because of Their Drinking or Drug Taking.
Doctor Said Alcohol or Drugs Had Actually Harmed Their Health.
Repeatedly Unable to Care for the House or the Family Because of Their Alcohol or Drug Use.

____No (0) ____Yes (1)

IF YES, FATHER'S MOTHER

K38 ____Had Alcohol Problems Listed Above (1)
K39 ____Had Drug Problems Listed Above (1)

INTERVIEWER: If both, determine which is primary.

IF YES, FATHER'S FATHER

K40 ____Had Alcohol Problems Listed Above (1)
K41 ____Had Drug Problems Listed Above (1)

B. HAVE ANY OF HIS FATHER'S FULL BROTHERS OR SISTERS (HIS BLOOD RELATED UNCLES AND AUNTS) HAD ANY OF THESE ALCOHOL OR DRUG PROBLEMS? (Probe for blood relatives.)

____No (0) ____Yes (1)

IF YES, FATHER'S BROTHER(S)

K42 ____Number of Uncles with Alcohol Problems(s) Listed Above.
K43 ____Number of Uncles with Drug Problem(s) Listed Above

IF YES, FATHER'S SISTER(S)

K44 ____Number of Aunts with Alcohol Problem(s) Listed Above.
K45 ____Number of Aunts with Drug Problem(s) Listed Above.

C. HAVE EITHER OF HIS FATHER'S PARENTS EVER BEEN PSYCHIATRICALLY HOSPITALIZED FOR PROBLEMS OTHER THAN DRINKING OR DRUGS?

____No (0) ____Yes (1)

K46 IF YES, FATHER'S MOTHER ____No (0) ____Yes (1)
K47 IF YES, FATHER'S FATHER ____No (0) ____Yes (1)

D. HAVE ANY OF HIS FATHER'S FULL BROTHERS OR SISTERS (HIS BLOOD RELATED UNCLES AND AUNTS) EVER BEEN PSYCHIATRICALLY HOSPITALIZED FOR PROBLEMS OTHER THAN DRINKING OR DRUGS?

____No (0) ____Yes (1)

K48 IF YES, FATHER'S BROTHER(S) ______Number of Uncles Who Were Hospitalized.
K49 IF YES, FATHER'S SISTER(S) ______Number of Aunts Who Were Hospitalized.

E. HAVE EITHER OF HIS FATHER'S PARENTS EVER HAD OTHER PSYCHIATRIC PROBLEMS LIKE ATTEMPTED SUICIDE OR A NERVOUS BREAKDOWN?

____No (0) ____Yes (1)

K50 IF YES, FATHER'S MOTHER ____No ____Yes EXPLAIN IN DETAIL:__________
K51 IF YES, FATHER'S FATHER ____No ____Yes ____________________

F. HAVE ANY OF HIS FATHER'S FULL BROTHERS OR SISTERS (HIS BLOOD RELATED UNCLES AND AUNTS) EVER HAD OTHER PSYCHIATRIC PROBLEMS LIKE ATTEMPTED SUICIDE OR A NERVOUS BREAKDOWN?

____No (0) ____Yes (1)

K52 IF YES, FATHER'S BROTHER(S) ______Number of Uncles Who Had Other Problems
K53 IF YES, FATHER'S SISTER(S) ______Number of Aunts Who Had Other Problems

EXPLAIN IN DETAIL:____

____

FINALLY, I HAVE A SERIES OF QUESTIONS ABOUT HIS PARENTS EXPERIENCES BEFORE HE WAS BORN. I'M ASKING THIS LAST BECAUSE I KNOW YOU'LL PROBABLY HAVE TO GUESS AT SOME OF THESE. YOU CAN MAKE YOUR GUESS BASED ON HIS PARENTS USUAL BEHAVIORS WHILE HE WAS GROWING UP OR ON INFORMATION SOMEONE MIGHT HAVE TOLD YOU.

74. PRIOR TO HIS BIRTH DID HIS MOTHER OR FATHER HAVE ANY OF THE FOLLOWING MEDICAL CONDITIONS.

			FATHER		MOTHER		
K54 K55	(Father)		(0)No	(1)Yes	(0)No	(1)Yes	
K56 K57		1. STROKE					
		2. RHEUMATIC HEART DISEASES					HAND OUT CARD
K58 K59		3. HIGH BLOOD PRESSURE					
		4. CONGENITAL HEART DISEASE					
K60 K61		5. ASTHMA					
		6. EMPHYSEMA					
K62 K63		7. ARTHRITIS					
		8. DIABETES					
		9. THYROID DISEASE					
		10. COLOR BLINDNESS					
K64 K65	(Mother)	11. BLINDNESS NEEDING TREATMENT					
		12. DEAFNESS NEEDING TREATMENT					
K66 K67		13. CATARACTS NEEDING TREATMENT					
		14. GLAUCOMA NEEDING TREATMENT					
K68 K69		15. CANCER OF THE SKIN					
		16. OTHER CANCERS					
K70 K71		17. KIDNEY STONES					
		18. OTHER KIDNEY DISEASE					
K72 K73		19. GOUT					
		20. STOMACH ULCERS					
		21. GALLSTONES					
		22. HEPATITIS					
		23. OVER 20 LBS. OVERWEIGHT					
		24. OTHER INFECTIOUS DISEASES: ____________					
		25. ANY OTHERS? WHAT: ____________________					

NOW A SERIES OF QUESTIONS ABOUT HIS PARENTS EATING AND DRINKING HABITS PRIOR TO HIS BIRTH. FIRST I'LL ASK YOU ABOUT THINGS PRIOR TO HIS MOTHER'S PREGNANCY AND THEN ABOUT THINGS DURING HER PREGNANCY.

75. TO THE BEST OF YOUR KNOWLEDGE, IN THE YEAR PRIOR TO THE PREGNANCY WHAT WERE THEIR HABITS REGARDING:

		FATHER	MOTHER
K74 K75	HOW MANY DAYS A WEEK WOULD THEY DRINK COFFEE?		
K76 K77	HOW MANY CUPS OF COFFEE PER DRINKING DAY WERE THEY LIKELY TO HAVE?		
K78 K79	HOW MANY DAYS A WEEK WOULD THEY DRINK TEA?		
L1 L2			
L3 L4 L5 L6			
L7 L8			
L9 L10	HOW MANY CUPS OF TEA PER DAY WERE THEY LIKELY TO HAVE?		
L11 L12	HOW MANY DAYS A WEEK WOULD THEY DRINK COLA?		
L13 L14	HOW MANY CUPS OF COLA PER DAY WERE THEY LIKELY TO HAVE?		
L15 L16	HOW MANY DAYS A WEEK WERE THEY LIKELY TO DRINK ALCOHOL BEVERAGES?		
L17 L18	HOW MANY DRINKS WERE THEY LIKELY TO HAVE ON A DRINKING DAY (NOTE: 1 DRINK-4OZ. WINE, 12 OZ. BEER, A SINGLE SHOT-MIXED DRINK)?		
L19 L20	HOW MANY DAYS A WEEK WERE THEY LIKELY TO SMOKE CIGARETTES?		
L21 L22 L23 L24	HOW MANY CIGARETTES PER DAY?		

76. WHAT WOULD YOU ESTIMATE TO BE HIS PARENTS EATING HABITS IN THE YEAR PRIOR TO THE PREGNANCY?

L25 FATHER ______________ CODE: POOR (1)

LESS THAN OPTIMAL (2)

L26 MOTHER ______________ OPTIMAL (3)

77. IN THE YEAR PRIOR TO THE PREGNANCY DID HIS FATHER SMOKE CIGARS?

L27 (0)____No IF YES, HOW MANY PER DAY? ___________CIGARS

78. IN THE YEAR PRIOR TO THE PREGNANCY DID HIS FATHER SMOKE A PIPE?

L28 (0)____No IF YES, HOW MANY PIPEFULS PER DAY? ___________PIPES

79. IN THE YEAR PRIOR TO THE PREGNANCY, WERE EITHER OF HIS PARENTS LIKELY TO TAKE ANY OF THE FOLLOWING SUBSTANCES ONCE A WEEK OR MORE OR AT LEAST 10 DAYS IN A ROW?

L29 L30 (Father)
L31 L32
L33 L34
L35 L36
L37 L38
L39 L40 (Mother)
L41 L42
L43 L44
L45 L46
L47 L48

		FATHER		MOTHER	
		No	Yes	No	Yes
1.	HIGH BLOOD PRESSURE, PILLS	___	___	___	___
2.	WATER PILLS (DIURETIC)	___	___	___	___
3.	ASTHMA MEDICINES	___	___	___	___
4.	ANTIHISTAMINES	___	___	___	___
5.	ASPIRIN LIKE DRUGS	___	___	___	___
6.	INSULINE	___	___	___	___
7.	ORAL DIABETIC MEDICINES	___	___	___	___
8.	THYROID PILLS	___	___	___	___
9.	MARIJUANA	___	___	___	___
10.	HALLUCINOGENS LIKE LSD	___	___	___	___
11.	GOUT PILLS	___	___	___	___
12.	ANTIBIOTICS	___	___	___	___
13.	STOMACH PILLS FOR ULCERS	___	___	___	___
14.	ANTACID	___	___	___	___
15.	SLEEPING PILLS	___	___	___	___
16.	TRANQUILIZERS LIKE VALIUM, LIBRIUM	___	___	___	___
17.	TRANQUILIZERS LIKE THORAZINE, STELAZINE, ETC.	___	___	___	___
18.	STIMULANTS LIKE AMPHETAMINE, DIET PILLS, ETC.	___	___	___	___
19.	ANY OTHERS:______________________________	___	___	___	___

HAND OUT CARD

80. IN THE YEAR PRIOR TO THE PREGNANCY WERE EITHER HIS MOTHER OR FATHER WORKING IN A PLACE WHERE THEY WERE LIKELY TO BE AROUND ANY OF THE FOLLOWING CONDITIONS?

L49 L50 (Father)
L51 L52
L53 L54
L55 L56
L57 L58
L59 L60 (Mother)
L61 L62
L63 L64
L65 L66
L67 L68

		FATHER		MOTHER	
		No	Yes	No	Yes
1.	CHEMICALS, CLEANING FLUIDS OR SOLVENTS	___	___	___	___
2.	INSECT OR PLANT SPRAYS	___	___	___	___
3.	AMMONIA, CHLORINE, OZONE, OR NITROUS GASES	___	___	___	___
4.	ENGINE EXHAUST FUMES (MORE THAN 2 HRS. A DAY)	___	___	___	___
5.	PLASTIC OR RESIN FUMES	___	___	___	___
6.	LEAD FUMES OR METAL FUMES	___	___	___	___
7.	ASBESTOS, CEMENT, OR GRAIN DUSTS	___	___	___	___
8.	SILICA, SANDBLASTING, GRINDING OR ROCK DRILLING DUST	___	___	___	___
9.	X-RAY OR RADIOACTIVITY	___	___	___	___
10.	ULTRAVIOLET RADIATION	___	___	___	___
11.	EXTREME HEAT	___	___	___	___
12.	DRY CLEANING				
13.	OTHER ADVERSE CONDITIONS. EXPLAIN:___________				

HAND OUT CARD

BEST COPY AVAILABLE

L69 81. HOW MANY MONTHS WAS HIS MOTHER PREGNANT WITH HIM? ________________ MONTHS

82. DURING HER PREGNANCY, DO YOU KNOW IF SHE HAD ANY OF THE FOLLOWING PROBLEMS?

			YES	NO	
	1.	GERMAN MEASLES	___	___	HAND
L70 L71	2.	CHICKEN POX	___	___	OUT
	3.	MONONUCLEOSIS	___	___	CARD
L72 L73	4.	SHINGLES	___	___	
	5.	POLIO	___	___	
	6.	RHEUMATIC FEVER	___	___	
L74 L75	7.	BRONCHITIS	___	___	
	8.	PNEUMONIA	___	___	
	9.	TUBERCULOSIS	___	___	
	10.	KIDNEY BLADDER INFECTION	___	___	
	11.	HEPATITIS	___	___	
	12.	INTESTINAL INFECTION WITH PARASITES	___	___	
	13.	ANEMIA	___	___	
	14.	MUMPS	___	___	
	15.	TEETH PROBLEMS	___	___	
	16.	OBESITY (20 LBS. OVERWEIGHT)	___	___	
	17.	ANY OTHER, PLEASE EXPLAIN.	___	___	

____

____

83. TO THE BEST OF YOUR KNOWLEDGE, DURING HER PREGNANCY WHAT WERE HER HABITS REGARDING:

L76 HOW MANY DAYS A WEEK WOULD SHE DRINK COFFEE? ________________

L77 HOW MANY CUPS OF COFFEE PER DRINKING DAY WAS SHE LIKELY TO HAVE? ________________

L78 HOW MANY DAYS A WEEK WOULD SHE DRINK TEA? ________________

L79 HOW MANY CUPS OF TEA PER DAY WAS SHE LIKELY TO HAVE? ________________

L80 HOW MANY DAYS A WEEK WOULD SHE DRINK COLA ________________

M1 M2 ________________

M3 M4 M5 M6 ________________

M7 M8 ________________

M9 M10 HOW MANY CUPS OF COLA PER DAY WAS SHE LIKELY TO HAVE

M11 HOW MANY DAYS A WEEK HAS SHE LIKELY TO DRINK ALCOHOL BEVERAGES

M12 M13 HOW MANY DRINKS WAS SHE LIKELY TO HAVE ON A DRINKING DAY (NOTE: L DRINK = 4 oz. WINE, 12 oz. BEER, A SINGLE SHOT-MIXED DRINK(________________

M14 HOW MANY DAYS A WEEK WAS SHE LIKELY TO SMOKE CIGARETTES ________________

M15 M16 HOW MANY CIGARETTES PER DAY ________________

84. ESTIMATE HIS MOTHER'S EATING HABITS DURING THE PREGNANCY.

M17 ____POOR (1) ____LESS THAN OPTIMAL (2) ____OPTIMAL (3)

85. DURING THE PREGNANCY, TO THE BEST OF YOUR KNOWLEDGE, DID HIS MOTHER TAKE ANY DRUGS?

M18 DRUGS: PRESCRIBED ____No (0) ____Yes (1) ________________

M19 DRUGS: STREET ____No (0) ____Yes (1) ________________

____

____

86. TO THE BEST OF YOUR KNOWLEDGE, HOW MANY TIMES WAS HIS MOTHER LIKELY TO HAVE HAD X-RAYS OF ANY KIND DURING THE PREGNANCY?

M20 ____________________TIMES

87. DURING THE PREGNANCY, DID HIS MOTHER WORK IN A PLACE WHERE SHE WAS LIKELY TO BE AROUND ANY OF THE FOLLOWING SUBSTANCES AT LEAST ONCE A WEEK?

		YES	NO	
	1. CHEMICALS, CLEANING FLUIDS OR SOLVENTS	___	___	.(HAND OUT CARD)
M21 M22	2. INSECT OR PLANT SPRAYS	___	___	
	3. AMMONIA, CHLORINE, OZONE, OR NITROUS GASES	___	___	
M23 M24	4. ENGINE EXHAUST FUMES (MORE THAN 2 HOURS A DAY)	___	___	
	5. PLASTIC OR RESIN FUMES	___	___	
M25 M26	6. LEAD FUMES OR METAL FUMES	___	___	
	7. ASBESTOS, CEMENT, OR GRAIN DUSTS	___	___	
M27 M28	8. SILICA, SANDBLASTING, GRINDING OR ROCK DRILLING DUST	___	___	
M29 M30	9. X-RAY OR RADIOACTIVITY	___	___	
	10. ULTRAVIOLET RADIATION	___	___	
	11. EXTREME HEAT	___	___	
	12. DRY CLEANING	___	___	

****

THANK YOU FOR ALL YOUR HELP. THAT'S THE END OF THE QUESTIONS I HAVE. ARE THERE ANY SECTIONS WE SHOULD GO OVER AGAIN? DO YOU HAVE ANY QUESTIONS FOR ME?

M31 INTERVIEWER:
(0)_____None (Questionnaire)
(1)_____Gordon Saunders
(2)_____Pam Kurz
(3)_____Joanne Perron
(4)_____Chuck Morrison
(5)_____Nancy Martin_____
(6)_____________________
(7)_____________________
(8)_____________________

M32 M33 LENGTH OF INTERVIEW (Code in minutes)

M34 HOW INTERVIEW WAS CONDUCTED:
(1)_____In person in the hospital
(2)_____In person outside the hospital
(3)_____Over the phone

MICHIGAN ALCOHOLISM SCREENING TEST (MAST)

Author: Melvin L. Selzer

Assessment Areas Covered: Diagnosis, prognosis

Administration: Administered by clinician or self-administered (15 minutes), at screening

Design Features: 24 items

Abstract: The Michigan Alcoholism Screening Test (MAST) provides a consistent, quantifiable interview instrument to detect alcoholism. It is intended for use as a screening instrument and has high reliability (alpha = .95) and validity (r = .90). This widely used test is brief and easily scored.

Related Published Reports:

Selzer, M.L. The Michigan Alcoholism Screening Test: The quest for a new diagnostic instrument. American Journal of Psychiatry, 127:1653-1658, 1971.[1]

Selzer, M.L.; Vinokur, A.; and van Rooijen, L. A self-administered short version of the Michigan Alcoholism Screening Test (SMAST). Journal of Studies on Alcohol, 36:117-126, 1975.

Skinner, H.A., and Sheu, W-J. Reliability of alcohol use indices: The Lifetime Drinking History and the MAST. Journal of Studies on Alcohol, 43:1157-1170, 1982.[1]

Brady, J.; Foulks, E.; Childress, A.; and Pertschuk, M. The Michigan Alcoholism Screening Test as a survey instrument. Journal of Operational Psychiatry, 13:27-31, 1982.

Moore, R.A. The diagnosis of alcoholism in a psychiatric hospital: A trial of the Michigan Alcoholism Screening Test (MAST). American Journal of Psychiatry, 128:1565-1569, 1972.

Favazza, A.R., and Cannell, B. Screening for alcoholism among college students. American Journal of Psychiatry, 134:1414-1416, 1977.

Yoder, R.D., and Moore, R.A. Characteristics of convicted drunken drivers. Quarterly Journal of Studies on Alcohol, 34:927-936, 1973.

Brown, R.A. Use of the Michigan Alcohol Screening Test with hospitalized alcoholics, psychiatric patients, drinking drivers, and social drinkers in New Zealand. American Journal of Drug and Alcohol Abuse, 6:375-381, 1979.

Zung, B.J. Factor structure of the Michigan Alcoholism Screening Test. Journal of Studies on Alcohol, 39:56-67, 1978.

Zung, B.J., and Charalampous, K.D. Item analysis of the Michigan Alcoholism Screening Test. Journal of Studies on Alcohol, 36:127-132, 1975.

---

[1] Refer to volume 1 in this series, Summaries of Alcoholism Treatment Assessment Research, for a further discussion of this article.

Zung, B.J. Unidimensionality of the Michigan Alcoholism Screening Test. British Journal of Addiction, 75:389-391, 1980.

Skinner, H.A. A multivariate evaluation of the MAST. Journal of Studies on Alcohol, 40:831-844, 1979.

Zung, B.J. Factor structure of the Michigan Alcoholism Screening Test in a psychiatric outpatient population. Journal of Clinical Psychology, 36: 1024-1030, 1980.

Zung, B.J., and Ross, M. Factor structure of the Michigan Alcoholism Screening Test (MAST) among acutely disturbed psychiatric patients. Journal of Clinical Psychology, 36:806-812, 1980.

Availability Source: Melvin L. Selzer, M.D., 6967 Paseo Laredo, La Jolla, California 92037 (There is a $5.00 charge for a copy of the MAST. There is no fee for use.)

Melvin L. Selzer, M.D., F.A.C.P.
4016 Third Avenue
San Diego, CA 92103
299-4043

Revised 8-25-80

MICHIGAN ALCOHOLISM SCREENING TEST (MAST)

Points			YES	NO
	0.	Do you enjoy a drink now and then?	___	___
(2)	*1.	Do you feel you are a normal drinker? (By normal we mean you drink less than or as much as most other people).	___	___
(2)	2.	Have you ever awakened the morning after some drinking the night before and found that you could not remember a part of the evening?	___	___
(1)	3.	Does your wife, husband, a parent, or other near relative ever worry or complain about your drinking?	___	___
(2)	*4	Can you stop drinking without a struggle after one or two drinks?	___	___
(1)	5.	Do you ever feel guilty about your drinking?	___	___
(2)	*6.	Do friends or relatives think you are a normal drinker?	___	___
(2)	*7.	Are you able to stop drinking when you want to?	___	___
(5)	8.	Have you ever attended a meeting of Alcoholics Anonymous (AA)?	___	___
(1)	9.	Have you gotten into physical fights when drinking?	___	___
(2)	10.	Has your drinking ever created problems between you and your wife, husband, a parent, or other relative?	___	___
(2)	11.	Has your wife, husband (or other family members) ever gone to anyone for help about your drinking?	___	___
(2)	12.	Have you ever lost friends because of your drinking?	___	___
(2)	13.	Have you ever gotten into trouble at work or school because of drinking?	___	___
(2)	14.	Have you ever lost a job because of drinking?	___	___
(2)	15.	Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?	___	___
(1)	16.	Do you drink before noon fairly often?	___	___
(2)	17..	Have you ever been told you have liver trouble? Cirrhosis?	___	___

* Alcoholic response is negative.

			YES	NO
(2)	**18.	After heavy drinking have you ever had Delirium Tremens (D.T.'s) or severe shaking, or heard voices or seen things that really weren't there?	___	___
(5)	19.	Have you ever gone to anyone for help about your drinking?	___	___
(5)	20.	Have you ever been in a hospital because of drinking?	___	___
(2)	21.	Have you ever been a patient in a psychiatric hospital or on a psychiatric ward of a general hospital where drinking was part of the problem that resulted in hospitalization?	___	___
(2)	22.	Have you ever been seen at a psychiatric or mental health clinic or gone to any doctor, social worker, or clergyman for help with any emotional problem, where drinking was part of the problem?	___	___
(2)	***23.	Have you ever been arrested for drunk driving, driving while intoxicated, or driving under the influence of alcoholic beverages? (IF YES, How many times? ____)	___	___
(2)	***24.	Have you ever been arrested, or taken into custody, even for a few hours, because of other drunk behavior? (IF YES, How many times? ____)	___	___

**5 points for Delirium Tremens
***2 points for each arrest

SCORING SYSTEM: In general, five points or more would place the subject in an "alcoholic" category. Four points would be suggestive of alcoholism, three points or less would indicate the subject was not alcoholic.

Programs using the above scoring system find it very sensitive at the five point level and it tends to find more people alcoholic than anticipated. However, it is a screening test and should be sensitive at its lower levels.

References

Selzer, M.L., The Michigan Alcoholism Screening Test (MAST): The Quest for a New Diagnostic Instrument. American Journal of Psychiatry, 3:176-181, 1971.

Selzer, M.L., Vinokur, A., and van Rooijen, L., A Self-Administered Short Version of the Michigan Alcoholism Screening Test (SMAST). Journal of Studies on Alcohol, 36:117-126, 1975.

LIFETIME DRINKING HISTORY

Author: Harvey A. Skinner

Assessment Areas Covered: Alcohol consumption quantity/frequency, behavioral aspects of drinking, types of beverages, drinking style, life events, epidemiology

Administration: Administered by an interviewer (approximately 20 to 30 minutes), voluntary, anonymous

Design Features: Record sheet, guidelines for administering the interview, computer program for scoring the interview

Abstract:

The Lifetime Drinking History is a structured interview that was designed to provide quantitative indexes of an individual's alcohol consumption patterns from the onset of regular drinking. In a chronological fashion, the interviewer traces the individual's alcohol consumption behavior from the age of first regular drinking to the present. In addition to actual consumption levels (quantity), attention is focused on the frequency of alcohol use, variability in consumption, types of beverages consumed, life events that mark a change in drinking patterns, solitary versus social drinking, and time of day when alcohol is consumed.

In a test-retest reliability study, lifetime alcohol consumption indexes achieved reasonably high reliability (.94 for lifetime duration of drinking, .80 for lifetime total volume consumed, .68 for lifetime daily drinking average). The concurrent validity of the Lifetime Drinking History was evaluated with respect to various disabilities related to alcohol abuse. Generally, as the lifetime and current level of alcohol consumption increased, there was a corresponding increase in both medical and psychosocial consequences related to excessive drinking. Also, lifetime drinking history indexes were correlated with biochemical abnormalities (especially liver functioning), physical signs and symptoms, neuropsychological functioning, and psychopathology. A summary of research to date on the Lifetime Drinking History is given in Skinner (1982).

Related Published Reports:

Skinner, H.A., and Sheu, W-J. Reliability of alcohol use indices: The Lifetime Drinking History and the MAST. *Journal of Studies on Alcohol*, 43:1157-1170, 1982.[1]

Skinner, H.A. *Development and Validation of a Lifetime Alcohol Consumption Assessment Procedure*. Substudy No. 1248. Toronto: Addiction Research Foundation, 1982.

Skinner, H.A., and Allen, B.A. Alcohol dependence syndrome: Measurement and validation. *Journal of Abnormal Psychology*, 91:199-209, 1982.

Skinner, H.A. Comparison of clients assigned to inpatient and outpatient treatment for alcoholism and drug addiction. *British Journal of Psychiatry*, 138:312-320, 1981.

Refer to volume 1 in this series, *Summaries of Alcoholism Treatment Assessment Research*, for a further discussion of this article.

Sanchez-Craig, M.; Annis, H.M.; Bornet, A.R.; and MacDonald, K.R. Random assignment to abstinence and controlled drinking: Evaluation of a cognitive-behavioral program for problem drinkers. Journal of Consulting and Clinical Psychology, 52:397-403, 1984.

Availability Source: Harvey A. Skinner, Ph.D., Addiction Research Foundation, 33 Russell Street, Toronto, Ontario, Canada M5S 2S1. There is no fee at present for use.

Copyright: Copyright 1984 by Harvey A. Skinner. Reproduced with permission by the U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute on Alcohol Abuse and Alcoholism. Further reproduction is prohibited without permission of the copyright holder.

INSTRUCTIONS FOR THE LIFETIME DRINKING HISTORY

The Lifetime Drinking History is a structured interview that is designed to provide quantitative indices of an individual's alcohol consumption patterns from the onset of regular drinking. In addition to actual consumption levels (quantity), attention is focused upon the frequency of use, variability in consumption, types of beverages, life events that mark a change in drinking pattern, solitary versus social drinking, and time of day when alcohol is consumed. The interviewer begins by recording the person's alcohol consumption behaviour during the first year that he/she drank on a regular basis (at least one drink per month). Then, the individual is asked to think of when his/her drinking behaviour changed in any appreciable way. In a chronological fashion, the interviewer traces the individual's alcohol consumption behaviour from the age of first regular drinking to the present.

The interview takes approximately 20 to 30 minutes to complete. It is best given after a reasonable degree of rapport has been established, whereby the individual will feel more at ease and talk openly. Often, considerable probing and cross-referencing of facts is necessary to help in accurate recall. All information should be recorded under the appropriate heading on the answer sheet. Table 1 describes quantitative indices that are computed from these data.

The Lifetime Drinking History is being evaluated in various research studies that are discussed below. The author would value feedback from anyone who is using this instrument for research and/or clinical functions.

Introduction

"I am going to ask you questions about your drinking history. I'd like to start with the year that you first began drinking regularly (i.e., at least once a month), and work forward to the present. Please give me information as accurately as you can about what type of beverage you were drinking, how much, and how often."

I. First Stage

"Now, I am going to ask you about your drinking pattern during the first year that you began to have at least one drink per month. How old were you when you began regular drinking?" Record the age to one decimal point on the answer sheet.

Quantity

"How many drinks would you have on an average per occasion (drinking day)?"

One drink (approximately) = 12 oz. Canadian Beer
= 1½ oz. Liquor (40% alcohol)
= 5 oz. Wine
= 3 oz. Fortified Wine (e.g., Sherry)
= 17 ml absolute alcohol
= 13.6 g absolute alcohol

Record the average number of drinks per drinking day. *"What is the most or maximum number of drinks you would have in any one day?"* Record the maximum number of drinks. Note, this is the maximum number that the person actually would drink, not an estimate of his/her potential capacity.

Frequency

"How many days per month would you generally drink at this level"? (i.e., average drinks).

Record the number of days under the Frequency heading.

Type

"What type of beverage would you usually consume in an average month?" Record the relative percentages of Beer, Liquor or Wine. (This section should add up to 100%).

Style

"How would you rate your usual style of drinking during an average month?" Check the appropriate category from:

Blank = Abstinent
1 = Occasional (less than 15 days)
2 = Weekend mainly
3 = Binge (at least 3 days heavy drinking)
4 = Frequent (15 days or more per month)

Life Event

"Did any important event or events occur during this period that altered your usual drinking habits?" Examples could be loss of spouse, unemployment, prison term, hospitalization (Table 2). Record these events by circling the appropriate code number. If no important event occurred that influenced the person's drinking behaviour, then leave this section blank. *"What was your perception of this event? Would you say that it had a positive (desirable), negative (undesirable) or neutral (no) effect on your life?"* If the person said it was positive then record a "+" sign beside the code number, if negative then record a "-" sign, or if neutral then leave blank.

Context

"What percentage of the time would you drink alone, and what percentage of the time with at least one other person?" Record the appropriate values beside Alone and With Others. (This section should add up to 100%).

Time

"During what time of the day would you do most of your drinking? Could you give me the percentage of time during the evening, afternoon and morning?" Record the appropriate values beside Morning, Afternoon and Evening. (This section should add up to 100%).

II. Subsequent Phases

"We have just discussed your drinking habits at the point when you first began to drink regularly. Now I want you to think to when your drinking behaviour was different in a significant way from this time. This could be the next 6 months or perhaps 2 or 5 years later. Can you think of any events in your life that changed and may have altered your drinking habits?"

Establish when the person's drinking behaviour first change in a significant way from that recorded under First Stage. Since this drinking history is aimed at major trends, some judgment will be necessary in differentiating important from minor changes in drinking patterns. Fill in the age range, and repeat the questions for Frequency, Quantity, Type, Style, Life Events, Context, and Time.

Probe further into the person's history to note changes in drinking behaviour. Make sure that all years are covered from the year when the individual first started drinking on a regular basis (i.e., at least once a month) to his/her present age. A copy of the Lifetime Drinking History record form is given in Table 3. After conducting the interview, care should be taken to ensure that all sections are complete and that the age range runs in a chronological sequence with no overlap or age gaps. Some interviewers find it convenient to keep rough notes during the actual interview, and then fill out a good copy of the record form afterwards.

Given the basic statistics in Table 1, various indices may be calculated such as a ratio of continuous-to-intermittent drinking (Table 4). For research studies using the Lifetime Drinking History, one should consider a transformation of the various indices. Depending upon the population under study, the consumption indices will generally have a positively skewed or Poisson distribution. With data collected on clients at the Clinical Institute, we have found a square-root transformation to yield scores that conform quite closely to a normal or Gaussian distribution. However, in nonclinical populations a stronger transformation (such as the logarithm) may be more appropriate. With indices that are based on percentages (proportions) an arcsine transformation is typically used. In the Lifetime Drinking History percentages are employed with beverage Type, Context and Time of drinking.

Table 1

Lifetime Drinking History Statistics

I For Each Phase

a) *Phase Length* = Age at end of phase - Age at start of phase +.1

b) *Monthly Drinking Total* = Frequency x Quantity/Weight (kg)

c) *Phase Drinking Total* = Monthly Drinking Total x Phase Length

d) *Average Daily Consumption* = Monthly Drinking Total/30

e) *Drinking Day Consumption* = Average Quantity/Weight (kg)

f) *Variability* = Maximum Quantity - Average Quantity

g) *Type* = % Beer, % Liquor, and % Wine

h) *Style* = either Abstinent, Occasional, Weekend, Binge, or Frequent

i) *Life Event* = any events or changes that influenced consumption levels

j) *Context* = % Alone and % With Others

k) *Time* = % Morning, % Afternoon, % Evening.

Table 1 (Continued)

II. Lifetime

a) *Duration* = Present Age - Age at first regular drinking + .1

b) *Lifetime Drinking Total* = $\sum^{\text{phases}}$ Phase Drinking Total

c) *Lifetime Daily Average* = Lifetime Drinking Total/(365 x Duration)

d) *Lifetime Drinking Day Average* = $\dfrac{(\sum^{\text{phases}} \text{Drinking Day Consumption} \times \text{Phase Length})}{\text{Duration}}$

e) *Lifetime Variability* = $\dfrac{(\sum^{\text{phases}} \text{Variability} \times \text{Phase Length})}{\text{Duration}}$

f) *Type* = % distribution over lifetime of the 3 beverages

g) *Style* = % distribution over lifetime of the 5 possible styles

h) *Life Event* = frequency distribution of occurrence over lifetime of the 12 event codes

i) *Context* = % distribution over lifetime of Alone versus With Others

j) *Time* = % distribution over lifetime of the 3 times

Table 2

Description of Life Event Codes

Code	Event Description	Examples
1. Marital-Family	Any changes in marital status or family functioning that precipitated a shift in alcohol consumption level	1. got married (divorced or separated) 2. illness in the family 3. new baby in the family
2. Work	Any changes or events associated with employment status and demands	1. started work 2. lost job, became unemployed 3. promotion, new pressures
3. School	Events related to school	1. quit school 2. academic problems 3. changed schools
4. Medical	Onset of a medical problem or change in medical status	1. drinking to kill pain 2. hospitalized for broken leg 3. told had alcoholic liver disease
5. Residence	Change in residential location or status	1. moved to Canada 2. moved out from parent's home 3. change in residence
6. Legal-Jail	Changes in legal status and/or incarceration	1. sent to jail 2. on probation/parole 3. awaiting trial
7. Financial	Financial problems or increase in personal wealth	1. lost money on stock market 2. won a lottery 3. many debts, little money to buy booze
8. Peer Group	Pressure from one's peers either to start drinking, increase consumption, or decrease drinking	1. all kids were trying it 2. new friends don't drink 3. drank to be "one of the boys"
9. Drug Abuse	Started using drugs or a substitute for alcohol or stopped drugs and commenced alcohol abuse	1. drank more since couldn't get drugs 2. no money for drugs, thus drank 3. stopped drinking when started drugs
10. Treatment	Alteration in consumption level while under "treatment" for alcohol or drug dependency	1. in a residential treatment program 2. on antabuse 3. joined Alcoholics Anonymous
11. Death	Death of someone close which influenced drinking behaviour	1. death of family member 2. child died 3. death of close friend
12. Emotional	Emotional-psychological changes or problems that altered consumption level	1. drank to relieve tension 2. felt very lonely 3. cut down drinking since less depressed

Note. Code an event only if the patient agreed that this occurrence actually influenced his drinking pattern. Only code the principal life event or events, not all minor changes that may have occurred.

LIFETIME DRINKING HISTORY

IDENTIFIER ⎣_⎦ NAME ⎣_⎦

DATE ⎣_⎦ DAY ⎣_⎦ MONTH ⎣_⎦ YEAR # OF PHASES ⎣_⎦ WEIGHT ⎣_⎦ KG HEIGHT ⎣_⎦ CM

AGE RANGE YOUNGER TO OLDER	FREQUENCY DAYS/MONTH	QUANTITY DRINKS/DAY	TYPE %	STYLE (CIRCLE ONE)	LIFE EVENT OR CHANGES POSITIVE (+) OR NEGATIVE (-)	CONTEXT %	TIME %
From ______ To ______	______	Average ___ Maximum ___	Beer ___ Liquor ___ Wine ___	1 Occasional 2 Weekend 3 Binge 4 Frequent	___ 1 Family ___ 7 Financial ___ 2 Work ___ 8 Peer Group ___ 3 School ___ 9 Drug Use ___ 4 Medical ___ 10 Treatment ___ 5 Residence ___ 11 Death ___ 6 Legal-Jail ___ 12 Emotional	Alone ___ With Others ___	Morning ___ Afternoon ___ Evening ___
From ______ To ______	______	Average ___ Maximum ___	Beer ___ Liquor ___ Wine ___	1 Occasional 2 Weekend 3 Binge 4 Frequent	___ 1 Family ___ 7 Financial ___ 2 Work ___ 8 Peer Group ___ 3 School ___ 9 Drug Use ___ 4 Medical ___ 10 Treatment ___ 5 Residence ___ 11 Death ___ 6 Legal-Jail ___ 12 Emotional	Alone ___ With Others ___	Morning ___ Afternoon ___ Evening ___
From ______ To ______	______	Average ___ Maximum ___	Beer ___ Liquor ___ Wine ___	1 Occasional 2 Weekend 3 Binge 4 Frequent	___ 1 Family ___ 7 Financial ___ 2 Work ___ 8 Peer Group ___ 3 School ___ 9 Drug Use ___ 4 Medical ___ 10 Treatment ___ 5 Residence ___ 11 Death ___ 6 Legal-Jail ___ 12 Emotional	Alone ___ With Others ___	Morning ___ Afternoon ___ Evening ___
From ______ To ______	______	Average ___ Maximum ___	Beer ___ Liquor ___ Wine ___	1 Occasional 2 Weekend 3 Binge 4 Frequent	___ 1 Family ___ 7 Financial ___ 2 Work ___ 8 Peer Group ___ 3 School ___ 9 Drug Use ___ 4 Medical ___ 10 Treatment ___ 5 Residence ___ 11 Death ___ 6 Legal-Jail ___ 12 Emotional	Alone ___ With Others ___	Morning ___ Afternoon ___ Evening ___

1mo = .1
2mo = .2
3mo = .3
4mo = .3
5mo = .4
6mo = .5
7mo = .6
8mo = .7
9mo = .8
10mo = .8
11mo = .9
12mo = 1.0

1 Drink (approx.) = 12 oz. beer
1½ oz. liquor
5 oz. wine
3 oz. fortified wine
13.6 g absolute alcohol

Liquor: 1 mickey (12 oz) = 8 Drinks
1 bottle (25 oz) = 17 Drinks

Wine: 1 bottle (25 oz) = 5 Drinks
1 bottle fortified = 8 Drinks

© Copyright 1979 by Harvey A. Skinner Ph.D.

522

INDICES CALCULATED FROM THE LIFETIME DRINKING HISTORY

I LIFETIME TOTAL

1) Duration of regular drinking (years)
2) Duration of "heavy" drinking (years)
   greater than 80 g/day or 6 drinks
3) Duration of abstinence (years)
4) Lifetime total (g.absolute alcohol/kg.body weight)
5) Daily average (g/kg)
6) Average per drinking day (g/kg)
7) Continuous vs. Intermittent Drinking Ratio (5/6)
8) Volume variability (maximum per day - daily average)
9) Beverage Type: % Beer, Liquor, Wine, Other
10) Style: Occasional, weekend, binge, frequent
11) Life events: record changes that influenced consumption levels
12) Context: % drinking Alone vs With Others
13) Time: % drinking during Morning, Afternoon, Evening

II. PHASE TOTAL (EG. PAST YEAR)

1) Duration (years)
2) Duration of "heavy" drinking (years)
   greater than 80 g/day or 6 drinks
3) Duration of abstinence (years)
4) Drinking total (g. absolute alcohol/kg. body weight)
5) Daily average (g/kg)
6) Average per drinking day (g/kg)
7) Continuous vs. Intermittent Drinking Ratio (5/6)
8) Volume variability (maximum per day - daily average)
9) Beverage Type: % Beer, Liquor, Wine, Other
10) Style: occasional, weekend, binge frequent
11) Life events: record changes that influenced consumption levels
12) Context: % drinking Alone vs With Others
13) Time: % drinking during Morning, Afternoon, Evening
14) Frequency of drinking (days/month)

EXAMPLE

The Lifetime Drinking History is depicted on the next three pages from a patient at the Clinical Institute. This patient was a male, age 34, who had two children. He has been separated from his wife for about two years. This patient had a grade 11 level of education and worked as a skilled tradesman. He was referred to the Clinical Institute by his physician for problems associated with alcohol abuse. He had an average level of intellectual ability, and scored 24 on the MAST (Selzer, 1971). This MAST score is well above the cutoff point of 5 suggested by Selzer (1971) as presumptive evidence of alcoholism.

The Lifetime Drinking History contains two distinct stages. From age 25.0 to 31.9 the patient was drinking at a moderate level, averaging 2 drinks per session that were predominantly on weekends. He averages 30 drinks per month (510 ml absolute alcohol). However, at age 32.0 difficulties occurred in the marriage which resulted in separation. In response to this crisis the patient began to drink both heavily (25 drinks per day) and continually (30 days a month). He has maintained this high level of consumption to the present. Thus, in response to a life crisis (marital problems), this individual quickly changed from a moderate to a hazardous level of alcohol consumption (750 drinks per month, 12,750 ml absolute alcohol).

LIFETIME DRINKING HISTORY

IDENTIFIER ____________

NAME EXAMPLE

DATE 01 DAY 06 MONTH 78 YEAR

OF PHASES 2

WEIGHT 75 KG HEIGHT 185 CM

AGE RANGE YOUNGER TO OLDER	FREQUENCY DAYS/MONTH	QUANTITY DRINKS/DAY	TYPE %	STYLE (CIRCLE ONE)	LIFE EVENT OR CHANGES POSITIVE (+) OR NEGATIVE (-)	CONTEXT %	TIME %
From 25.0 To 31.9	15	Average 2 Maximum 5	Beer 70 Liquor 30 Wine 0	1 Occasional [✓ 2] Weekend 3 Binge 4 Frequent	____ 1 Family ____ 2 Work ____ 3 School ____ 4 Medical ____ 5 Residence ____ 6 Legal-Jail ____ 7 Financial ____ 8 Peer Group ____ 9 Drug Use ____ 10 Treatment ____ 11 Death ____ 12 Emotional	Alone 0 With Others 100	Morning 0 Afternoon 0 Evening 100
From 32.0 To 34.4	30	Average 25 Maximum 30	Beer 90 Liquor 10 Wine 0	1 Occasional 2 Weekend 3 Binge [✓ 4] Frequent	– [✓ 1] Family ____ 2 Work ____ 3 School ____ 4 Medical ____ 5 Residence ____ 6 Legal-Jail ____ 7 Financial ____ 8 Peer Group ____ 9 Drug Use ____ 10 Treatment ____ 11 Death ____ 12 Emotional	Alone 50 With Others 50	Morning 25 Afternoon 25 Evening 50
From ____ To ____	____	Average ____ Maximum ____	Beer ____ Liquor ____ Wine ____	1 Occasional 2 Weekend 3 Binge 4 Frequent	____ 1 Family ____ 2 Work ____ 3 School ____ 4 Medical ____ 5 Residence ____ 6 Legal-Jail ____ 7 Financial ____ 8 Peer Group ____ 9 Drug Use ____ 10 Treatment ____ 11 Death ____ 12 Emotional	Alone ____ With Others ____	Morning ____ Afternoon ____ Evening ____
From ____ To ____	____	Average ____ Maximum ____	Beer ____ Liquor ____ Wine ____	1 Occasional 2 Weekend 3 Binge 4 Frequent	____ 1 Family ____ 2 Work ____ 3 School ____ 4 Medical ____ 5 Residence ____ 6 Legal-Jail ____ 7 Financial ____ 8 Peer Group ____ 9 Drug Use ____ 10 Treatment ____ 11 Death ____ 12 Emotional	Alone ____ With Others ____	Morning ____ Afternoon ____ Evening ____

1mo = .1
2mo = .2
3mo = .3
4mo = .3
5mo = .4
6mo = .5
7mo = .6
8mo = .7
9mo = .8
10mo = .8
11mo = .9
12mo = 1.0

1 Drink (approx.) = 12 oz. beer
1½ oz. liquor
5 oz. wine
3 oz. fortified wine
13.6 g absolute alcohol

Liquor: 1 mickey (12 oz) = 8 Drinks
1 bottle (25 oz) = 17 Drinks

Wine: 1 bottle (25 oz) = 5 Drinks
1 bottle fortified = 8 Drinks

© Copyright 1979 by Harvey A. Skinner Ph.D.

Table 5

Summary Indices For the Example Patient

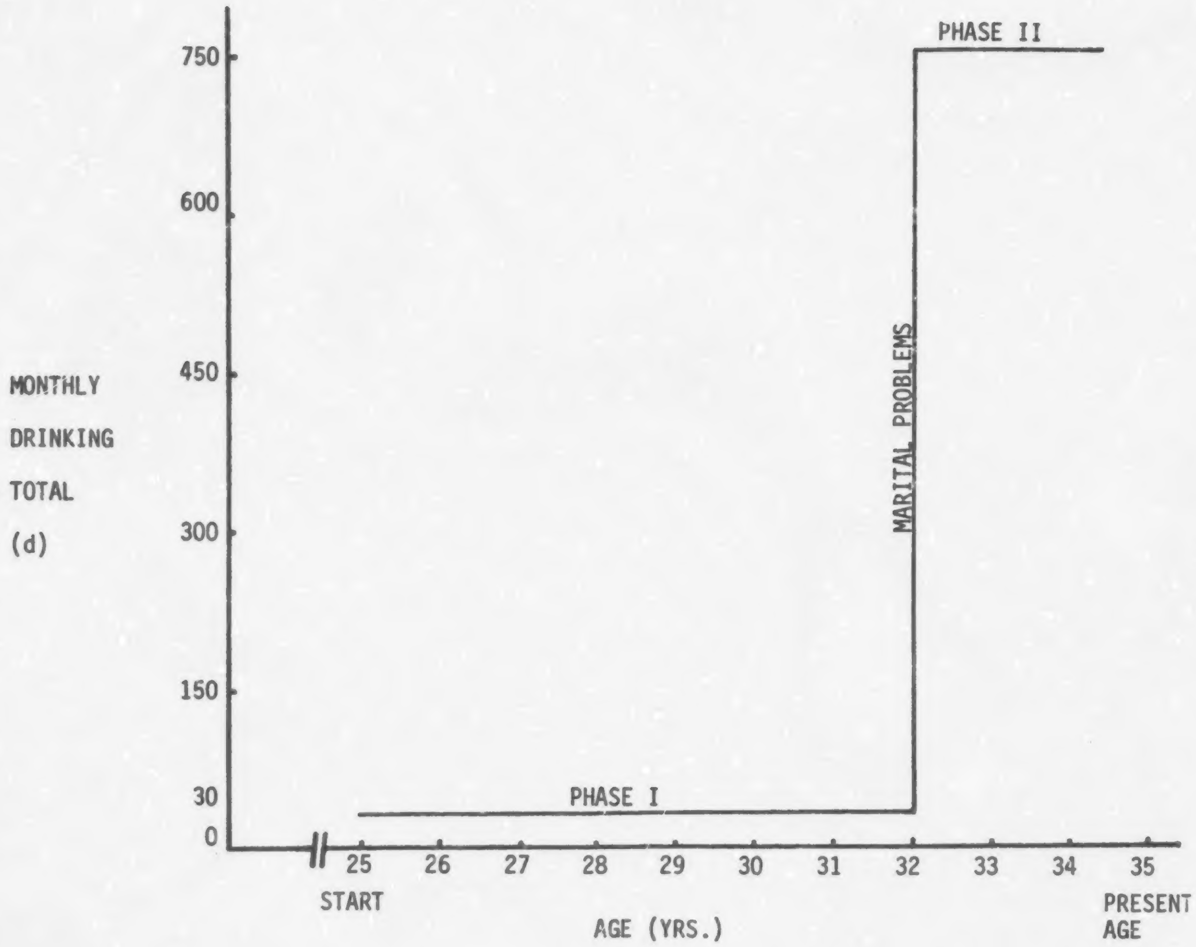
	Phase I	Phase II
1. Duration	7.0 years	2.5 years
2. Frequency	15 days/month	30 days/month
3. Monthly Total	5.4 g/kg or 30 d.	136.0 g/kg or 750 d.
4. Daily Average	0.2 g/kg or 1 d.	4.5 g/kg or 25 d.
5. Average per Drinking Day	0.4 g/kg or 2 d.	4.5 g/kg or 25 d.
6. Continuous vs Intermittent Ratio	.5	1.0
7. Volume Variability	3 d.	5 d.
8. Type	70% Beer 30% Liquor	90% Beer 10% Liquor
9. Style	Weekend	Frequent
10. Life Event	none	Family - Marital (- event)
11. Context	100% With Others	50% Alone 50% With Others
12. Time	100% Evening	25% Morning 25% Afternoon 50% Evening

Lifetime Total

1. Duration	9. 5 years
2. Lifetime Total Volume	4533.6 g/kg or 24,270 d.
3. Daily Average	1.3 g/kg or 7.0 d.
4. Average per Drinking Day	1.5 g/kg or 8.1 d.
5. Continuous vs Intermittent Ratio	.87
6. Volume Variability	3.5 d
7. Type	75% Beer 25% Liquor
8. Style	74% Weekend 26% Frequent
9. Life Event	Family - Marital (- event)
10. Context	13% Alone 87% With Others
11. Time	17% Morning 7% Afternoon 87% Evening

1 drink (d) approximately = 12 oz Canadian Beer
(13.6 g absolute alcohol) = 1½ oz Liquor
= 3 oz Fortified Wine
= 5 oz Wine

MONTHLY CONSUMPTION LEVELS FOR PATIENT 030999



BEST COPY AVAILABLE

FIDD SIX-MONTH FOLLOW-UP QUESTIONNAIRE

Authors: Thomas E. Skoloda, Arthur I. Alterman, Floyd S. Cornelison, Jr., and Edward Gottheil

Assessment Areas Covered: Social functioning, alcohol consumption, family relations, client satisfaction

Administration: Self-administered, at followup

Design Features: Emphasizing brevity and simplicity, this questionnaire has only 14 yes/no and multiple-choice items.

Abstract: The Six Month Follow-Up Questionnaire was developed by Skoloda, Alterman, Cornelison, and Gottheil for use in their study of the Fixed Interval Drinking Decisions (FIDD) program conducted at the Coatesville, Pennsylvania, VA hospital. Under the FIDD program patients were allowed to drink alcohol under controlled conditions during treatment. The FIDD Six Month Follow-Up Questionnaire was designed to help the researchers assess the relationship between voluntary patient drinking patterns during treatment and psychosocial functioning at followup. The 14 items of the questionnaire cover drinking and intoxication, behaviors related to seeking further help, arrests, employment, and judgmental responses regarding work and family relationships, feeling state, and value of the program.

Related Published Reports: Skoloda, T.E.; Alterman, A.I.; Cornelison, F.S., Jr.,; and Gottheil, E. Treatment outcome in a drinking-decisions program. Journal of Studies on Alcohol, 36(3):365-380, 1975.[1]

Availability Source: Thomas E. Skoloda, Ph.D., Home Care Unit, Building 138, Veterans Administration Medical Center, Coatesville, Pennsylvania 19320

---

[1] See volume 1 in this series, Summaries of Alcoholism Treatment Assessment Research, for a further discussion of this article.

Six-Month Follow-up Questionnaire

1. Since leaving the Alcoholic Program at Coatesville, have you had any alcohol at all to drink? yes, 1; no, 2.
2. Compared to my drinking before attending the Alcoholic Program at Coatesville, I am now drinking: much more, 1; somewhat more, 2; about the same, 3; somewhat less, 4; much less, 5.
3. After leaving the Alcoholic Program, I took my first drink within: the first day, 1; the first week, 2; the first month, 3; the second to third month, 4; the fourth to sixth month, 5.
4. During the last 30 days, on about how many days did you have a drink?
5. Since leaving the Alcoholic Program, I became intoxicated within: the first day, 1; the first week, 2; the first month, 3; the second to third month, 4; the fourth to sixth month, 5; not at all, 6.
6. During the last 30 days, on about how many days have you been intoxicated?
7. Since leaving the Alcoholic Program, I have voluntarily sought further help for my drinking problem: no, 1; yes, 2.
8. Since leaving the Alcoholic Program, I have been brought to a hospital because of my drinking: yes, 1; no, 2.
9. Since leaving the Alcoholic Program, I have been in trouble with the law: yes, 1; no, 2.
10. At the present time, I am: not working, 1; working irregularly, 2; working parttime, 3; working regularly, 4.
11. Answer this question only if you are working: Comparing the present to the period prior to the Alcoholic Program, my relationships at work are: much worse, 1; somewhat worse, 2; about the same, 3; somewhat better, 4; much better, 5.
12. Comparing the present to the period prior to the Alcoholic Program, my marriage and/or family relationships are: much worse, 1; somewhat worse, 2; about the same, 3; somewhat better, 4; much better, 5.
13. Comparing the present to the period prior to the Alcoholic Program, I now feel: much worse, 1; somewhat worse, 2; about the same, 3; somewhat better, 4; much better, 5.
14. I feel that the treatment I received on the Alcoholic Program was: very harmful, 1; somewhat harmful, 2; no effect, 3; somewhat helpful, 4; very helpful, 5.

TIME-LINE FOLLOW-BACK ASSESSMENT METHOD

Authors: Linda C. Sobell, Mark B. Sobell, Stephen A. Maisto, and A. Mitch Cooper

Assessment Areas Covered: Alcohol consumption quantity/frequency, behavioral aspects of drinking, drinking behavior over a 12-month or less period of time

Administration: Interviewer-administered (approximately 20 to 40 minutes to complete a 12-month calendar); subjects should be breath tested prior to administration to insure they are alcohol free; interviewer should be trained in this method as various techniques will help in eliciting information from subjects; at screening, intake, and followup.

Design Features: The period of time to be covered by the data collection can vary from 12 months to 1 month, depending on the needs of investigators and the population under study.

Abstract: Pretreatment and posttreatment information concerning daily drinking behavior can be obtained using this assessment method.

The time-line method of assessing drinking behavior has been demonstrated to have good test-retest reliability and validity (for verifiable events) across multiple populations of male alcohol abusers ranging from severely dependent (chronics) to not severely dependent (e.g., problem drinkers) alcohol abusers. For results and reporting of the test-retest reliability and validity data, see the publications referenced below. The time-line technique has been used by the authors to collect both pretreatment and 18-month posttreatment data in a study of the effects of outpatient treatment for problem drinkers (see Maisto et al. 1984).

A recent study of the time-line method has shown that it also has very high reliability for both male and female normal drinker college students over a 90-day period prior to the last drink (Sobell et al., unpublished).

Related Published Reports:

Sobell, L.C.; Maisto, S.A.; Sobell, M.B.; and Cooper, A.M. Reliability of alcohol abusers' self-reports of drinking behavior. Behaviour Research and Therapy, 17:157-160, 1979.

Maisto, S.A.; Sobell, M.B.; Cooper, A.M.; and Sobell, L.C. Test-retest reliability of retrospective self-reports in three populations of alcohol abusers. Journal of Behavioral Assessment, 1:315-326, 1979.

Cooper, A.M.; Sobell, M.B.; Maisto, S.A.; and Sobell, L.C. Criterion intervals for pretreatment drinking measures in treatment evaluation. Journal of Studies on Alcohol, 41:1186-1195, 1980.

Sobell, M.B.; Maisto, S.A.; Sobell, L.C.; Cooper, A.M.; Cooper, T.; and Sanders, B. Developing a prototype for evaluating alcohol treatment effectiveness. In: Sobell, L.C.; Sobell, M.B.; and Ward, E., eds. Evaluating Alcohol and Drug Abuse Treatment Effectiveness: Recent Advances. New York: Pergamon Press, 1980. Pp. 129-150.[1]

---

[1] **Refer to volume 1 in this series, Summaries of Alcoholism Treatment Assessment Research, for a further discussion of this article.**

Cooper, A.M.; Sobell, M.B.; Sobell, L.C.; and Maisto, S.A. Validity of alcoholics' self-reports: Duration data. The International Journal of the Addictions, 16:401-406, 1981.[1]

Maisto, S.A.; Sobell, M.B.; and Sobell, L.C. Reliability of self-reports of low ethanol consumption by problem drinkers over 18 months of follow-up. Drug and Alcohol Dependence, 9:273-278, 1982.

Maisto, S.A.; Sobell, L.C.; Cooper, A.M.; and Sobell, M.B. Comparison of two techniques to obtain retrospective reports of drinking behavior from alcohol abusers. Addictive Behaviors, 7:33-38, 1982.[1]

Availability Source: L.C. Sobell, Ph.D., and M.B. Sobell, Ph.D., Clinical Institute, Addiction Research Foundation, 33 Russell Street, Toronto, Ontario, Canada M5S 2S1. There is no fee for use.

Copyright: The Time-Line Follow-Back Assessment Method is not copyrighted. The following material is reproduced with permission by the U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute on Alcohol Abuse and Alcoholism from Sobell, M.B.; Maisto, S.A.; Sobell, L.C.; Cooper, A.M.; Cooper, T.; and Sanders, B. Developing a prototype for evaluating alcohol treatment effectiveness. In: Sobell, L.C.; Sobell, M.B.; and Ward, E., eds. Evaluating Alcohol and Drug Abuse Treatment Effectiveness: Recent Advances. New York: Pergamon Press, 1980. Pp. 129-150. Further reproduction is prohibited without permission of the publisher.

---

[1] Refer to volume 1 in this series, Summaries of Alcoholism Treatment Assessment Research, for a further discussion of this article.

TIME-LINE FOLLOW-BACK ASSESSMENT METHOD*

"Time-line follow-back" interviewing allows one to gather reliable and relatively valid reports of daily drinking behavior from alcoholic inpatient and outpatient subjects. Basically, the technique involves asking individuals to retrospectively reconstruct their drinking behavior as they remember it to have occurred over a specified interval. The process is expedited by presenting the subject with a blank calendar covering the time interval which is to be reconstructed. Subjects are told that the purpose of the task is to describe their past drinking as accurately as possible, and that this task is formidable. The drinking information is then gradually gathered, using a variety of special interviewing techniques.

One of the most effective methods for filling in the time line is to identify anchor points, generally defined as distinctive, time-bound events. Some anchor points are shared by respondents, such as holidays, weekends, birthdays, and major news or sporting events. Other anchor points are more idiosyncratic, such as days marked by arrests, hospitalizations, illnesses, starts or terminations of employment, entry into treatment, court appearances, marital separations or reconciliations and children's birthdays. These days are considered "anchor points" because as they are recorded on the calendar, the subject is asked to recall his drinking on the days of those events as well as the days immediately preceding and following those events.

Another method of filling in the calendar is to search for extended periods of relatively invariant drinking behavior. Usually, this can be accomplished by asking the subject to recall the longest series of consecutive days during the interval under investigation when he consumed absolutely no alcoholic beverages, as well as the longest series of days when he drank daily. In many cases, individuals are able to cite extended intervals for each of these criteria. Similar data can then be gathered for the second longest episodes of abstinence and heavy drinking and so on, until distinct episodes can no longer be identified. In other cases, subjects may be able to report extended periods when they engaged in a distinct, almost ritualistic drinking pattern, such as not drinking during the week until Friday evening, and then drinking heavily until early Sunday evening. Over the course of several studies, we have found that it is atypical for subjects to report totally unpatterned drinking, and that time line data are more difficult to gather from subjects who have less serious drinking problems (and often highly variable patterns of alcohol use).

It is also important that the drinking data be objectively gathered and that the subject not be given motivation to distort his reports. Thus, the interviewer must stress the need for accurate data gathering and refrain from making evaluative comments or gestures to the subject regarding his reports. Similarly, the subject is not asked to report days when he was "drunk" or "sober," but rather is asked to report days when he consumed "any alcohol at all," and the amount consumed on each day. Although the types of beverages generally consumed by subjects were recorded in order to evaluate possible changes in drinking patterns over time, the key variable of interest in collecting time-line data was the total amount of pure ethanol the subject consumed per day during the time-line period. In this regard, the task of the interviewer and subject was eased somewhat by being able to estimate the number of Standard Drinks which had been consumed each day. This process was aided by having the interviewer give each subject a Standard Drink Conversion Chart (on a 5" x 8" card), similar to the one shown in Figure 2.

---

*From Sobell, M.B.; Maisto, S.A.; Sobell, L.C.; Cooper, T.C.; and Sanders, B. Developing a prototype for evaluating alcohol treatment effectiveness. In: L. Sobell, M. Sobell, and E. Ward, Evaluating Alcohol and Drug Abuse Treatment Effectiveness: Recent Advances. New York: Pergamon Press, 1980. Pp. 129-150.

Standard Drink Conversion Chart

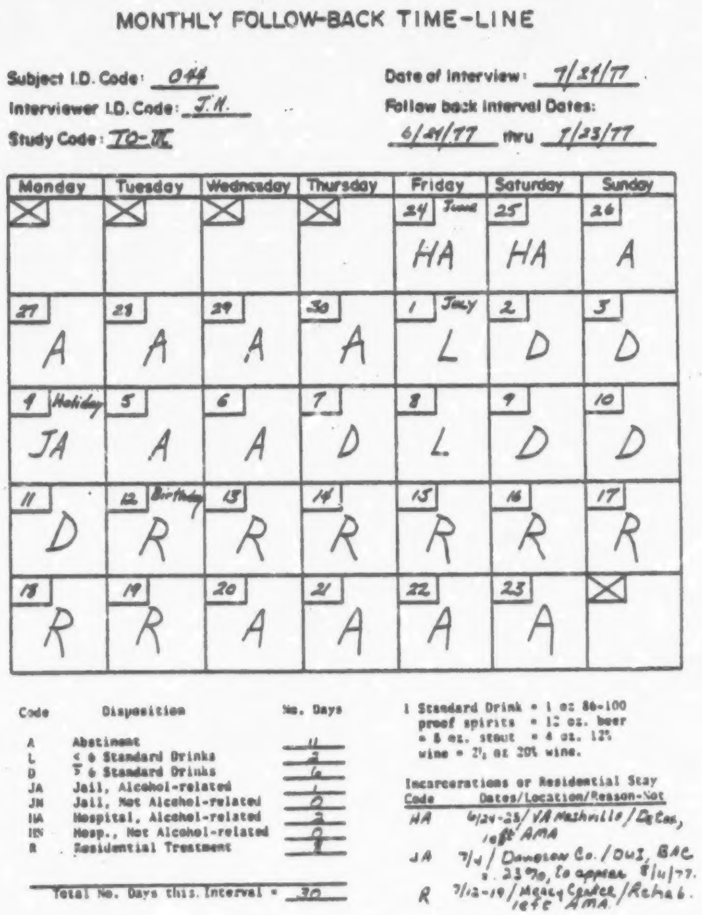
1 Standard drink = approximately 1/2 ounce of pure ethanol =

1 ounce 86-proof to 100-proof spirits (mixed or unmixed).
4 ounces 12% - 14% dinner wine (e.g., burgundy, rosé, chablis).
2½ ounces 20% fortified wine (e.g., port, sherry, tokay, MD 20/20).
12 ounces regular beer (approximately 4% ethanol).
8 ounces stout or malt liquor (approximately 6% - 8% ethanol).
1 ounce liqueur (e.g., Cointreau) (approximately 80-proof).

Fig. 2. Standard Drink Conversion Equivalency Card Format

Ideally, the dependent variable recorded for each day during the time-line period is the number of standard drinks consumed per day. In actuality, however, it is seldom necessary to achieve a precise estimate of each day's ethanol intake, and the questions of primary importance are: (a) Did the subject consume any ethanol on the day in question? (b) If the subject did drink, did he consume a little or a lot of ethanol? In this way, the subject's daily drinking can be coded into general categories. In the present study, for instance, subjects' daily drinking dispositions were coded as abstinent (no drinking), limited drinking (less than or equal to six standard drinks consumed--i.e., less than or equal to three oz of pure ethanol), heavy drinking (more than six standard drinks consumed), incarcerated in jail, incarcerated in hospital, or in a residential alcohol treatment program (e.g., halfway house). To illustrate how a completed calendar might appear, a one-month time-line calendar for a fictitious subject is presented in Figure 3. In addition to daily drinking dispositions, several other areas of life functioning were assessed during the interview. A tabular display of these pretreatment data appears later in this chapter.

Immediately after volunteering to participate in the study, each client was administered an extensive pretreatment interview which typically lasted about 90 minutes. The interview, which was conducted by the follow-up interviewer, gathered relevant information about collateral sources of information, obtained various demographic characteristics for each client, and as mentioned earlier, included a history of each client's alcohol use (i.e., daily drinking dispositions) and alcohol problems over the 12-month period immediately preceding entry into treatment. Finally, subjects were breath tested for their blood alcohol concentration (BAC), first at the time of the pretreatment interview by gas chromatography, (Alco-Analyzer, Luckey Laboratories), and then at the beginning of the 3, 6, 9, and 12-month follow-up interviews by either gas chromatography or by breath alcohol field testers (SM-7 portable field breath tester, Luckey Laboratories, Inc., evaluated by gas chromatography headspace analysis).



MONTHLY FOLLOW-BACK TIME-LINE

Subject I.D. Code: 044
Interviewer I.D. Code: J.N.
Study Code: TO-III

Date of Interview: 7/24/77
Follow back Interval Dates:
6/24/77 thru 7/23/77

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
☒	☒	☒	☒	24 June HA	25 HA	26 A
27 A	28 A	29 A	30 A	1 July L	2 D	3 D
4 Holiday JA	5 A	6 A	7 D	8 L	9 D	10 D
11 D	12 Birthday R	13 R	14 R	15 R	16 R	17 R
18 R	19 R	20 A	21 A	22 A	23 A	☒

Code	Disposition	No. Days
A	Abstinent	11
L	< 6 Standard Drinks	2
D	≥ 6 Standard Drinks	6
JA	Jail, Alcohol-related	1
JN	Jail, Not Alcohol-related	0
HA	Hospital, Alcohol-related	2
HN	Hosp., Not Alcohol-related	0
R	Residential Treatment	8

Total No. Days this Interval = 30

1 Standard Drink = 1 oz 86-100 proof spirits = 12 oz. beer = 8 oz. stout = 4 oz. 12% wine = 2½ oz 20% wine.

Incarcerations or Residential Stay

Code	Dates/Location/Reason-Not
HA	6/24-25/VA Nashville/Detox, left AMA
JA	7/4/Davidson Co./DUI, BAC = .23%, to appear 8/4/77.
R	7/12-19/Mercy Center/Rehab. left AMA.

Figure 3. Example of Completed Time-line for a One-Month Target Interval.

ATC FOLLOWUP STUDY QUESTIONNAIRE

Author:	Stanford Research Institute
Assessment Areas Covered:	Demographics, SES, alcohol consumption, family drinking history, alcohol problem indicators (dependence), behavioral aspects of drinking, treatment history, motor vehicle driving arrests, legal, recent hospitalizations, treatment status, perception of drinking problem, insurance
Administration:	Administered by trained interviewers to a sample of alcoholism treatment center clients at followup 18 months after intake
Design Features:	Seventy items of client responses; 12 additional items completed by the interviewer.
Abstract:	Used in the special NIAAA-funded Alcohol Treatment Center (ATC) 18-month followup study of clients treated at eight centers. See also the NIAAA National Alcohol Program Information System (NAPIS), ATC Client Intake Form, and the NIAAA NAPIS, ATC Client Progress and Followup Form.
Related Published Reports:	Ruggles, W.L.; Armor, D.; Polich, J.M.; Mothershead, A.; and Stephen, M. A Follow-Up Study of Clients at Selected Alcoholism Treatment Centers Funded by NIAAA. Palo Alto, Calif.: Stanford Research Institute, 1975. Armor, D.J.; Polich, J.M.; and Stambul, H.B. Alcoholism and Treatment Santa Monica, Calif.: Rand Corporation, 1976.[1]
Availability Source:	The instrument is in the public domain and may be reproduced without permission.

---

[1] Refer to volume 1 in this series, Summaries of Alcoholism Treatment Assessment Research, for a further discussion of Alcoholism and Treatment.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION
NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

ATC FOLLOW-UP STUDY QUESTIONNAIRE

OMB NO. 68-S73155
APPROVAL EXPIRES: 12-31-74

BEGIN CARD 02

NO. ☐☐☐☐☐☐☐☐☐

TIME STARTED: ________ AM ________ PM

1. Do you think of the place in which you live now as your regular place of residence, or is it a temporary residence?	Regular place of residence . .	1	10
	Temporary residence . . .	2	
2. How long have you lived in this place of residence?	No. of Years	____	11-12
	No. of Months	____	13-14
3. And how long have you lived in your community or neighborhood?	No. of Years	____	15-16
	No. of Months	____	17-18
4. Including yourself, how many people live in your household?	No. of People	____	10-20
5. Do you own or rent your home?	Own	1	21
	Rent	2	
	Other (SPECIFY) ____________	3	
6. CIRCLE ONE CODE: ASK IF NECESSARY: In what type of residence do you live . . .	Hotel or rooming house . .	1	22
	Apartment	2	
	Private house	3	
	Mobile home (trailer) . . .	4	
	Other (SPECIFY) ____________	5	
7. In how many different places have you lived during the past 12 months? (PROBE FOR NUMBER OF DIFFERENT RESIDENCES)	No. of Places	____	23-24
8. And now, I would like to know your date of birth.	Month	____________	25-26
	Day	____________	27-28
	Year	____________	29-30
9. How tall are you? (PROBE FOR BEST ESTIMATE)	Feet	____	31
	Inches	____	32-33
10. And how much do you weigh? (PROBE FOR BEST ESTIMATE)	Lbs.	____	34-36
11. In regard to military service, are you . . . (CODE ALL THAT APPLY)	On active duty (ASK A) . .	01	37-38
	In the reserves	02	
	Formerly in the reserves . .	04	
	A veteran (ASK A)	08	
	Or, have you never been in the service	16	
IF ON ACTIVE DUTY OR VETERAN A. How many years of active duty have you served?	No. of Years	____	39-40

12. A.	What was the highest grade you completed in school?	No schooling	01	41-42
		1st - 4th grades	02	
		5th - 6th grades	03	
		7th grade	04	
		8th grade	05	
		9th - 11th grades	06	
		12th grade or GED	07	
		1 year of college	08	
		2 years of college	09	
		3 years of college → (ASK B)	10	
		4 years of college	11	
		Some graduate school	12	
		Graduate school	13	
B.	Have you ever received any diploma or degree?	Yes (ASK C)	1	43
		No	2	
C.	What is your highest diploma or degree?	High school diploma or equivalent	1	44
		Associate degree (Junior College)	2	
		Bachelor's degree	3	
		Master's degree	4	
		Doctor's degree	5	
		Other (SPECIFY) ________	6	
13.	Have you completed any vocational, business, or technical school?	Yes	1	45
		No	2	
14.	Are you now married, widowed, divorced, separated, or have you never been married?	Married (ASK A–C)	1	46
		Widowed (ASK A–D)	2	
		Divorced (ASK A–D)	3	
		Separated (ASK A–D)	4	
		Never married (GO TO Q 15)	5	
	IF EVER MARRIED:			
A.	How many times have you been married?	No. of times	____	47
B.	How old were you when you were (first) married?	Age	____	48-49
C.	In what month and year did you get married (the last time)?	Month	________	50-51
		Year	________	52-53
	IF CURRENTLY WIDOWED, DIVORCED, OR SEPARATED:			
D.	How long have you been (widowed/divorced/separated)?	No. of years	____	54-55
		No. of months	____	56-57

ADM-T20
6-74

15. At the present time do you have a full time job, part time job, do you work at odd jobs or are you not employed?

Full time job . . . . (ASK D-G)	1	58
Part time job . . (ASK D-G)	2	
Work at odd jobs . . . . . . (ASK D-G)	3	
Not employed (ASK A) . . .	4	

A. Have you been looking for work during the past 30 days?

Yes (GO TO C)	1	59
No (ASK B)	2	

B. What is the main reason you haven't been looking for work?
RECORD VERBATIM AND CODE

Housewife	01	60-61
Student	02	
Retired/too old	03	
Ill or disabled	04	
Drinking problem	05	
Institutionalized	06	
Don't want a job	07	
No job available	08	
In this location only temporarily/ intend to move on	09	
Have independent income/no need to work	10	
Seasonal worker	11	
Other (SPECIFY) ______	12	

C. Have you worked in the past 12 months?

Yes (ASK D–G)	1	62
No (SKIP TO Q. 19)	2	

IF CURRENTLY NOT WORKING, USE ALTERNATE WORDING:

D. What kind of work (do/did) you do (most recently in the past 12 months)?
(PROBE: What (is/was) your job called?)

______ OCCUPATION 63-64/R 65-66

IF NOT ALREADY ANSWERED, ASK:

E. What (do/did) you actually do in that job?
(PROBE: What (are/were) some of your main duties?)

F. What kind of place (do/did) you work for?
(PROBE: What do they make or do?)

______ INDUSTRY

CIRCLE ONE CODE, ASK IF NECESSARY:

G. Which of these best describes the type of job you (have/had) . . .

Private wage or salary worker . .	1	67
Federal government worker . .	2	
State or local government worker	3	
Self-employed	4	

ADM-T20
6-74

16. How many jobs have you had during the past 12 months (including your present job)?

No. of Jobs ______ 68-69

17. How many months were you employed during the past 12 months?

No. of Months ______ 70-71

18. How many days did you work last month?

No. of Days Worked ______ 72-73

ASK EVERYONE BEGIN CARD 03

And now some questions that have to do with drinking habits in families. First of all . . .

19. While you were growing up, until the age of about 16, did you live mostly with your father and mother?

Yes, both (ASK A & B)	1	10
Father only (ASK A ONLY)	2	
Mother only (ASK B ONLY)	3	
No, neither	4	

IF LIVED WITH FATHER, ASK:

A. Looking back on the days when you were growing up, do you think your father drank occasionally, drank frequently, had a drinking problem, or didn't he drink?

Drank occasionally	1	11
Drank frequently	2	
Had a drinking problem	3	
Didn't drink	4	

IF LIVED WITH MOTHER, ASK:

B. Looking back on the days when you were growing up, do you think your mother drank occasionally, drank frequently, had a drinking problem, or didn't she drink?

Drank occasionally	1	12
Drank frequently	2	
Had a drinking problem	3	
Didn't drink	4	

20. And what about your drinking behavior, would you say you . . .

Now drink either frequently or heavily. . . .	1	13
Used to drink either frequently or heavily. . .	2	
Or, did you almost never drink frequently or heavily (SKIP TO Q. 23)	3	

21. About how old were you when you started drinking frequently or heavily?

Age ______ 14-15

22. Altogether about how many years would you say you (drank/have been drinking) frequently or heavily?

No. of Years ______ 16-17

IF CURRENTLY MARRIED, ASK:

23. Do you think of your (wife/husband) as drinking occasionally, drinking frequently, having a drinking problem, or doesn't (he/she) drink?

Drinks occasionally	1	18
Drinks frequently	2	
Has a drinking problem	3	
Doesn't drink	4	

ADM-T20
6-74

24 A. How did you happen to contact the (ENTER NAME OF ATC ______________________)
a year or so ago –– was it . . .
(CODE ALL THAT APPLY)

HAND
RESP
CARD
AND
READ

Your own idea	1	19
Your (husband/wife)'s idea	2	20
Another family member's idea	3	21
A friend's idea	4	22
Your employer's idea	5	23
Your doctor's idea	6	24
Your clergyman's idea	7	25
A social worker's idea	8	26
At the suggestion or order of the police	9	27
At the suggestion or order of a court	10	28
Someone else's idea (SPECIFY): ______________	11	29

B. Was this in any way related to driving?

Yes	1	30
No	2	

25. How did you feel about going the first time –– would you say you . . .

Felt that it was a good idea	1	31
Didn't care much about the idea one way or the other . .	2	
Or, did you resent the idea	3	
IF VOLUNTEERED:		
You really didn't know what you were getting into . . .	4	

26. Did you ever stay at (NAME OF ATC) overnight?

Yes (ASK A–C)	1	32
No	2	

A. How many different times did you stay there overnight?	No. of Times ______________	33-34
B. How many days did you stay there the last time?	No. of Days ______________	35-37
C. Altogether how many days did you stay there overnight?	No. of Days ______________	38-40

27. About how many different times have you visited (NAME OF ATC) altogether?

No. of Times ______________	41-42

BEST COPY AVAILABLE

28. Are you still going to (NAME OF ATC)?			
	Yes	1	43
	No (ASK A & B)	2	
A. When was the last time that you went?	Month ______		44-45
	Year ______		46-47
B. What was the main reason that you stopped going?			48-49 50-51
29. What are some of the things that you don't like about (NAME OF ATC)?			52 53 54 55
30. And what are the things that you do like about (NAME OF ATC)?			56 57 58 59
31. In general, how do you feel about the program at (NAME OF ATC) –– do you think it is . . .			
	Excellent	1	60
	Very good	2	
	Good	3	
	Fair	4	
	Or, poor	5	

ADM-T20
6-74

32. And how do you feel about the staff at (NAME OF ATC) -- do you think they are . . .	Excellent	1	61
	Very good	2	
	Good	3	
	Fair	4	
	Or, poor	5	
33. Regardless of any medical insurance you may have, what do you think of the fees that are charged by (NAME OF ATC) -- do you think they are . . .	Too high (ASK A)	1	62
	About right (ASK A)	2	
	Too low (ASK A)	3	
	Or, is there no fee	4	
A. (Is/was) any part, or all of your fee covered by medical insurance?	Yes	1	63
	No	2	
34. How about transportation --. (is/was) that a problem for you?	Yes	1	64
	No	2	
	Stayed as in-patient only	3	
35. (Are/were) the hours convenient for you?	Yes	1	65
	No	2	
	Stayed as in-patient only	3	
36. Have you ever attended any AA meetings?	Yes (ASK A & B)	1	66
	No	2	
A. About how long ago did you last attend an AA meeting?	Days ________		67-68
	Weeks ________		69-70
	Months ________		71-72
	Years ________		73-74
IF 6 WEEKS OR LESS, ASK B			
B. How often have you attended AA meetings during the past 6 weeks -- would you say . . .	Regularly	1	75
	Or, occasionally	2	
			BEGIN CARD 04
37. Have you ever taken antabuse?	Yes (ASK A)	1	10
	No (GO TO Q. 38)	2	
IF YES: A. Are you now taking antabuse?	Yes	1	11
	No (ASK B)	2	
B. When did you stop taking it?	Month ________		12-13
	Year ________		14-15

ADM-T20
6-74

38. During the past 30 days did you stay overnight in any institution such as a hospital, nursing home, other treatment center, or jail?	Yes (ASK A)	1	16
	No	2	
A. In the past 30 days how many days altogether did you spend there?	No. of Days ____		17-18
39. Have you driven a car, truck, or other motor vehicle during the past 12 months?	Yes (ASK A)	1	19
	No	2	
IF YES: **A.** Have you been arrested for drinking and driving during the past 12 months?	Yes [ASK (1)]	1	20
	No	2	
(1) How many times?	No. of Times ____		21-22
40. How long has it been since you had an alcoholic drink? RECORD VERBATIM AND CODE	1 – 6 days (ASK A)	1	23
	7 – 29 days (ASK A)	2	
	1 – 5 months	3	
	6 – 11 months	4	
	1 – 2 years → (SKIP TO Q. 49)	5	
	Over 2 years	6	
IF DRANK DURING PAST MONTH: **A.** On how many days would you say you drank during the past 30 days?	No. of Days ____		24-25
41. Did you drink any beer during the past 30 days?	Yes (ASK A & B)	1	26
	No	2	
IF YES: **A.** About how often — would you say . . .	Every day	1	27
	5 – 6 days a week	2	
	3 – 4 days a week	3	
	1 – 2 days a week	4	
	Or, less often than weekly	5	
B. About how much beer do you drink on a typical day when you drink beer?	6 quarts/ 3 six packs or more	1	28
	5 quarts	2	
	4 quarts/ 2 six packs	3	
	3 quarts	4	
	1 – 2 quarts 3 – 6 bottles or cans/ 1 six pack 4 – 8 water glasses	5	
	1 – 2 bottles or cans 1 – 3 water glasses	6	

ADM-T30
6-74

42. Did you drink any wine during the past 30 days?

Yes (ASK A & B)	1	29
No	2	

IF YES:

A. About how often — would you say . . .

Every day	1	30
5 – 6 days a week	2	
3 – 4 days a week	3	
1 – 2 days a week	4	
Or, less often than weekly	5	

B. About how much wine do you drink on a typical day when you drink wine?

5 fifths or more	1	31
3 – 4 fifths	2	
2 fifths 2 quarts → . . .	3	
1 fifth 1 quart 3 water glasses 6 wine glasses → . . .	4	
2 water glasses 3 – 5 wine glasses → . . .	5	
1 water glass 1 or 2 wine glasses → . . .	6	

43. Did you drink any whiskey, gin, or other hard liquor during the past 30 days?	Yes (ASK A & B)	1	32
	No	2	

IF YES:

A. About how often — would you say . . .	Every day	1	33
	5 – 6 days a week	2	
	3 – 4 days a week	3	
	1 – 2 days a week	4	
	Or, less often than weekly	5	

B. About how much hard liquor do you drink on a typical day when you drink hard liquor?	4 pints or more 2 quarts or more 3 fifths or more →	01	34-35
	3 pints 2 fifths →	02	
	2 pints 1 quart 1 fifth →	03	
	1 pint 15 – 16 shots →	04	
	11 – 14 shots	05	
	7 – 10 shots / ½ pint	06	
	4 – 6 shots	07	
	1 – 3 shots	08	
	11 – 14 drinks	09	
	7 – 10 drinks	10	
	4 – 6 drinks	11	
	1 – 3 drinks	12	

44. These next few questions have to do with things that may have happened to you during the past 30 days.

A. First, during the past 30 days, how many times did you have difficulty sleeping at night?	No. of Times ______	36-37
B. During the past 30 days, how many times did you have lapses or "blackouts"?	No. of Times ______	38-39
C. How many times did you have the "shakes"?	No. of Times ______	40-41
D. What was the longest period you went without a drink?	No. of Hours ______	42-43
	No. of Days ______	44-45

ADM-T20
6-74

E.	When you drank during the past 30 days, did you . . .	Always drink with others . . .	1	46
		Usually drink with others . . .	2	
		Usually drink alone	3	
		Or, always drink alone	4	
F.	How many times did you miss a meal because of drinking?	No. of Times______		47-48
G.	During the past 30 days . . . How many times did you have a drink as soon as you woke up?	No. of Times______		49-50
H.	How many times did you have quarrels with others while drinking? . .	No. of Times______		51-52
I.	During the past 30 days, how many times have you been drunk? . . .	No. of Times______		53-54
J.	What was your longest continuous period of drinking during the past 30 days?	No. of Hours______		55-56
		OR		
		No. of Days______		57-58
K.	How many times did you drink while on the job?	No. of Times______		59-60
		Not working	00	
L.	During the past 30 days, how many times did you miss work or other activities because of drinking?	No. of Times______		61-62
45.	How would you describe your drinking problem at the present time——would you say you do . . .	None (no drinking at all) . . .	1	63
		Social drinking	2	
		Problem drinking on sprees . .	3	
		Or, steady problem drinking . .	4	
46.	At the moment, how serious a problem do you feel your drinking is, is it . . .	No problem at all	1	64
		A slight problem	2	
		A moderate problem	3	
		Or, a very serious problem . . .	4	
47.	During the past 30 days, would you say that your drinking problem has . . .	Improved	1	65
		Stayed about the same	2	
		Or, worsened	3	
48.	What do you think you will do in the next few months about your drinking——do you intend to . . .	Stop altogether	1	66
		Cut down	2	
		Drink the same amount . . .	3	
		Or, drink more	4	

ADM-T20
6-74

ASK EVERYONE

Here are some things that people worry about. Tell me whether you worry about these.

49. Do you worry about getting or keeping a job you like?	Yes	1	67
	No	2	
	Retired	3	
50. Do you worry about finding friends that don't drink?	Yes	1	68
	No	2	
51. Do you worry about getting along with people?	Yes	1	69
	No	2	
52. Do you worry about getting along with your family?	Yes	1	70
	No	2	
	Have no family	3	
53. Do you worry about finding a good place to live?	Yes	1	71
	No	2	
54. Do you worry about your health?	Yes	1	72
	No	2	
55. Do you worry about having enough money to live on?	Yes	1	73
	No	2	
56. Do you worry about finding things to do in your spare time?	Yes	1	74
	No	2	

ADM-T20
6-74

BEGIN CARD 05

57. During the past 12 months have you received any help for drinking problems other than from (NAME OF ATC) or AA? ______ 10

Yes 1

No (SKIP TO Q. 64) 2 11

58. What are the names of the agencies or persons from whom you received this help? ENTER EACH AGENCY OR PERSON IN COL. A BELOW. FOR EACH PERSON ASK B–D. FOR EACH AGENCY ASK B–E.

A	B	C		D	E		F	G	H
NAME OF PERSON OR AGENCY (PROBE: Any other?)	How many different times altogether have you visited (AGENCY/PERSON)	Are you still going to (AGENCY/ PERSON)		When was the last time you went?	Did you ever stay at (AGENCY) overnight? IF YES: ASK F, G, H		How many different times did you stay there overnight?	How many days did you stay there the last time?	Altogether how many days did you stay there overnight?
		YES	NO		YES	NO			
(1) ______ ______ ______	______ No. of Times 12-13	1	2 14	___/___ Mo. Yr. 15-16 17-18	1	2 19	______ No. of Times DK . . . 00 20-21	______ No. of Days DK . . . 00 22-24	______ No. of Days DK . . . 00 25-27
(2) ______ ______ ______	______ No. of Times 28-29	1	2 30	___/___ Mo. Yr. 31-32 33-34	1	2 35	______ No. of Times DK . . . 00 36-37	______ No. of Days DK . . . 00 38-40	______ No. of Days DK . . . 00 41-43
(3) ______ ______ ______	______ No. of Times 44-45	1	2 46	___/___ Mo. Yr. 47-48 49-50	1	2 51	______ No. of Times DK . . . 00 52-53	______ No. of Days DK . . . 00 54-56	______ No. of Days DK . . . 00 57-59
(4) ______ ______ ______	______ No. of Times 60-61	1	2 62	___/___ Mo. Yr. 63-64 65-66	1	2 67	______ No. of Times DK . . . 00 68-69	______ No. of Days DK . . . 00 70-72	______ No. of Days DK . . . 00 73-75

ADM-T20

548

IF RECEIVED ANY HELP FOR DRINKING PROBLEMS FROM AGENCIES OR PERSONS OTHER THAN ATC OR AA -- "YES" TO Q. 57 -- ASK Q. 59-63.			BEGIN CARD 06
59. When you went to (this/these) [agency(ies)/person(s)] did you go to any group meetings?	Yes (ASK A)	1	10
	No (GO TO Q. 60) .	2	
IF YES, ASK: A. About how many meetings did you go to?	No. of Meetings ______		11-12
IF MORE THAN ONE MEETING, ASK: B. Were any of the group meetings led by a counselor?	Yes ASK C)	1	13
	No	2	
IF YES, ASK: C. Were they led by the same counselor . . .	Usually	1	14
	Sometimes	2	
	Or, never	3	
60. Did you talk with a counselor alone about your problems?	Yes (ASK A)	1	15
	No	2	
IF YES, ASK: A. About how many times did you talk with a counselor?	No. of Times ______		16-17
IF MORE THAN ONE TIME, ASK: B. Did you talk with the same counselor about your problems more than once?	Yes	1	18
	No	2	
61. Did you talk with a counselor about your problems with members of your family present?	Yes (ASK A)	1	19
	No	2	
IF YES, ASK: A. How many times did you talk with a counselor with members of your family present?	No. of Times ______		20-21
IF MORE THAN ONE TIME, ASK: B. Did you talk to the same counselor more than once with members of your family present?	Yes	1	22
	No	2	
62. Did you go through detox, or "drying out"?	Yes	1	23
	No	2	
63. Besides what you have just told me, what else did you do there? (PROBE: And what else?)			24
			25
			26
			27

ADM-T20
6-74

ASK EVERYONE

64. What is your religious preference?

Protestant	1	28
Catholic	2	
Jewish	3	
None	4	
Other (SPECIFY)________________	5	

65. How often do you attend religious services -- would you say . . .

Regularly	1	29
Occasionally	2	
Rarely	3	
Or, never	4	

66. What was your major source of financial support last month?

RECORD VERBATIM AND CODE

Job(s)	1	30
Spouse	2	
Family or friends	3	
Public assistance (welfare)	4	
Pension (include Social Security)	5	
Insurance (include Workmen's Compensation, Unemployment Insurance)	6	
Savings/Investments	7	
Other (SPECIFY)________________	8	

67. What was your second most important source of financial support last month?

RECORD VERBATIM AND CODE

No second source	0	31
Job	1	
Spouse	2	
Family or friends	3	
Public assistance (welfare)	4	
Pension (include Social Security)	5	
Insurance (include Workmen's Compensation, Unemployment Insurance)	6	
Savings/Investments	7	
Other (SPECIFY)________________	8	

68. Which letter on this card indicates the total income before taxes that you earned last month?

HAND RESP CARD A

A.	None	1	32
B.	$85 or less	2	
C.	$86–$250	3	
D.	$251–$499	4	
E.	$500–$835	5	
F.	$836–$1,250	6	
G.	$1,251–$1,699	7	
H.	$1,700–$2,500	8	
I.	$2,501 or more	9	

69. What was the approximate total income of your household in 1973 before taxes? (INCLUDE INCOME FROM ALL SOURCES)

HAND RESP CARD B

A.	Less than $1,000	1	33-34
B.	$1,000–$1,999	2	
C.	$2,000–$2,999	3	
D.	$3,000–$3,999	4	
E.	$4,000–$4,999	5	
F.	$5,000–$5,999	6	
G.	$6,000–$6,999	7	
H.	$7,000–$7,999	8	
I.	$8,000–$8,999	9	
J.	$9,000–$9,999	10	
K.	$10,000–$11,999	11	
L.	$12,000–$13,999	12	
M.	$14,000–$15,999	13	
N.	$16,000–$18,999	14	
O.	$19,000–$25,999	15	
P.	$26,000–$50,000	16	
Q.	Over $50,000	17	

70. RECORD TIME INTERVIEW ENDED AND CLOSE QUESTIONNAIRE.

TAKE OUT AND COMPLETE THE LOCATING INFORMATION PAGE.

TIME ENDED: ________ A.M.
________ P.M.

Thank you very much for your time.

ADM-T20
6-74

INTERVIEWER OBSERVATIONS

FILL IN ITEMS BELOW AFTER YOU LEAVE THE HOUSEHOLD

a.	Length of interview in minutes . . .	No. of Minutes ________		35-37
b.	Number of telephone contacts required with respondent and others to complete this case . . .	No. of Telephone Contacts ________		38-39
c.	Number of personal visits with respondents and others . . .	No. of Personal Visits ________		40
d.	Total time spent in locating and arranging interview, excluding travel time . . . (TRY TO ESTIMATE SEPARATELY FOR THE CASE)	No. of Hours ________		41-42
		No. of Minutes ________		43-44
e.	Sex of respondent:	Male	1	45
		Female	2	
f.	Respondent is:	White	1	46
		Black	2	
		Asian-American	3	
		Mexican-American	4	
		Puerto Rican	5	
		Other Spanish-American	6	
		American Indian/Alaskan Native .	7	
		Other (SPECIFY)________	8	
g.	Did the respondent show any signs of being under the influence of alcohol during the interview?	Yes, definitely	1	47
		Yes, possibly	2	
		No, probably not	3	
		No, definitely not	4	
h.	Any drinking during interview? (CIRCLE ALL THAT APPLY)	None	1	48
		Soft Drinks	2	49
		Tea—Coffee	3	50
		Beer	4	51
		Wine	5	52
		Whiskey/Other hard liquor . . .	6	53
		Water	7	54
		Other (SPECIFY)________	8	55
i.	To what extent did R start on the subject of a question but wander off the subject?	None	1	56
		Some	2	
		Moderately	3	
		A lot	4	

ADM-T20
8-74

j.	To what extent did R have trouble grasping the sense of a question?	No trouble	1	57
		Some trouble	2	
		Moderate trouble	3	
		A lot of trouble	4	
k.	Impression of hands. . .	Steady	1	58
		Fine tremor	2	
		Gross tremor	3	
l.	Did respondent seem upset in any way that you knew (he/she) had been to an ATC?	Yes (ANSWER A)	1	59
		No	2	
	A. How upset would you say respondent was?	Very upset	1	60
		Fairly upset	2	
		Slightly upset	3	

INTERVIEWER NUMBER ____________________ 61-65

INTERVIEWER'S SIGNATURE ____________________ 66-67

DATE OF INTERVIEW ____________________ 68-69

ADM-T20
6-74

As you know, all the information you have contributed to this study is completely confidential.

We may wish to speak with you again about a year from now. In order to help us get in touch with you, we should like you to give us the name of a relative or friend outside this household who would be likely to know where you'll be at that time.

This information -- along with your own name and present address -- will be kept on file at the (NAME OF ATC) here in (SITE), and will continue to be kept completely confidential.

What is the name of the relative or friend who would usually know where you'll be?

NAME	
ADDRESS	**TELEPHONE**
What is the person's relationship to you?	**RELATIONSHIP**

And where do you expect to be living about a year from now?

(IF OTHER THAN PRESENT ADDRESS, OBTAIN AS DETAILED INFORMATION AS POSSIBLE)

RECORD BELOW:

RESPONDENT'S NAME

RESPONDENT'S PRESENT ADDRESS

RESPONDENT'S PRESENT TELEPHONE NUMBER

ADM-T20
6-74

SEVERITY OF ALCOHOL DEPENDENCE QUESTIONNAIRE (SADQ)

Authors: T.R. Stockwell, R.J. Hodgson, and R. Murphy

Assessment Areas Covered: Alcohol dependence syndrome, severity of, withdrawal symptoms, withdrawal relief drinking, alcohol consumption quantity/frequency, rapidity of reinstatement after abstinence, diagnosis

Administration: Self-administered (5 minutes), voluntary, anonymous if desired, no handwriting required, at intake and followup

Design Features: 20 items, 4-point frequency scale

Abstract: Provides a simple measure of degree of alcohol dependence following Edwards and Gross (1976). It has been employed in numerous published research studies with problem drinkers.

The SADQ has high test-retest reliability and internal consistency. Scores range from 0 to 60. A score above 30 corresponds to clinical ratings by an experienced psychiatrist of "severe alcohol dependence." Scores predict drinking behavior in a laboratory situation and severity of withdrawal symptoms during detoxification. Scores below 30 predict the possibility of successful controlled drinking in the long term. It is not a screening instrument: it assumes the respondent already accepts that his or her drinking is causing problems.

It will underestimate the severity of dependence for individuals with very heavy continuous intake, which will minimize early morning withdrawal symptoms.

Related Published Reports:

Stockwell, T.R.; Hodgson, R.J.; and Murphy, R. The Severity of Alcohol Dependence Questionnaire: Its use, reliability and validity. British Journal of Addiction, 78:145-155, 1983.

Stockwell, T.R.; Hodgson, R.J.; Edwards, G.; Taylor, C.; and Rankin, H. The development of a questionnaire to measure severity of alcohol dependence. British Journal of Addiction, 74:79-87, 1979.

Stockwell, T.; Smail, P.; Hodgson, R.; and Canter, S. Alcohol dependence and phobic anxiety states. II. A retrospective study. British Journal of Psychiatry, 144:58-63, 1984.

Edwards, G.; Duckitt, A.; Oppenheimer, M.A.; Sheehan, M.; and Taylor, C. What happens to alcoholics? Lancet, 2(8344):269-271, 1983.

Edwards, G., and Gross, M.M. Alcohol dependence: Provisional description of a clinical syndrome. British Medical Journal, 1(6017):1058-1061, 1976.

Availability Source: Tim Stockwell, Ph.D., Exeter Community Alcohol Team, The 59 Centre, 59 Magdalen Street, Exeter, Devon, England. There is no fee for use.

S.A.D.Q.

NAME ....
AGE ....
SEX ....

First of all, we would like you to recall a recent month when you were drinking heavily in a way which, for you, was fairly typical of a heavy drinking period. Please fill in the month and the year.

MONTH .... YEAR ....

We would like to know more about your drinking during this time and during other periods when your drinking was similar. We want to know how often you experienced certain feelings. Please reply to each statement by putting a circle around ALMOST NEVER or SOMETIMES or OFTEN or NEARLY ALWAYS after each question.

First we want to know about the physical symptoms that you have experienced first thing in the morning during these typical periods of heavy drinking.

PLEASE ANSWER EVERY QUESTION

1. During a heavy drinking period, I wake up feeling sweaty.
   ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS
2. During a heavy drinking period, my hands shake first thing in the morning.
   ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS
3. During a heavy drinking period, my whole body shakes violently first thing in the morning if I don't have a drink.
   ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS
4. During a heavy drinking period, my whole body shakes violently first thing in the morning if I don't have a drink.
   ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS

The following statements refer to moods and states of mind you may have experienced first thing in the morning during these periods of heavy drinking.

5. When I'm drinking heavily, I dread waking up in tne morning.
   ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS
6. During a heavy drinking period, I am frightened of meeting people first thing in the morning.
   ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS
7. During a heavy drinking period, I feel at the edge of despair when I awake.
   ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS
8. During a heavy drinking period, I feel very frightened when I awake.
   ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS

PLEASE ANSWER EVERY QUESTION

The following statements also refer to the recent period when your drinking was heavy, and to periods like it.

9. During a heavy drinking period, I like to have a morning drink.

ALMOST NEVER   SOMETIMES   OFTEN   NEARLY ALWAYS

10. During a heavy drinking period, I always gulp my first few morning drinks down as quickly as possible.

ALMOST NEVER   SOMETIMES   OFTEN   NEARLY ALWAYS

11. During a heavy drinking period, I drink in the morning to get rid of the shakes.

ALMOST NEVER   SOMETIMES   OFTEN   NEARLY ALWAYS

12. During a heavy drinking period, I have a very strong craving for a drink when I awake.

ALMOST NEVER   SOMETIMES   OFTEN   NEARLY ALWAYS

Again the following statements refer to the recent period of heavy drinking and the periods like it.

13. During a heavy drinking period, I drink more than a quarter of a bottle of spirits per day (4 doubles or 1 bottle of wine or 4 pints of beer).

ALMOST NEVER   SOMETIMES   OFTEN   NEARLY ALWAYS

14. During a heavy drinking period, I drink more than half a bottle of spirits per day (or 2 bottle of wine or 8 pints of beer).

ALMOST NEVER   SOMETIMES   OFTEN   NEARLY ALWAYS

15. During a heavy drinking period, I drink more than one bottle of spirits per day (or 4 bottles of wine or 15 pints of beer).

ALMOST NEVER   SOMETIMES   OFTEN   NEARLY ALWAYS

16. During a heavy drinking period, I drink more than two bottles of spirits per day (or 8 bottles of wine or 30 pints of beer).

ALMOST NEVER   SOMETIMES   OFTEN   NEARLY ALWAYS

IMAGINE THE FOLLOWING SITUATION:

(1) You have been COMPLETELY OFF DRINK for a FEW WEEKS
(2) You then drink VERY HEAVILY for TWO DAYS

HOW WOULD YOU FEEL THE MORNING AFTER THOSE TWO DAYS OF HEAVY DRINKING?

17. I would start to sweat.

NOT AT ALL   SLIGHTLY   MODERATELY   QUITE A LOT

18. My hands would shake.

NOT AT ALL   SLIGHTLY   MODERATELY   QUITE A LOT

19. My body would shake.

NOT AT ALL   SLIGHTLY   MODERATELY   QUITE A LOT

20. I would be craving for a drink.

NOT AT ALL   SLIGHTLY   MODERATELY   QUITE A LOT

SHARPS CLIENT SATISFACTION QUESTIONNAIRE

Author: Barry A. Tanner

Assessment Areas Covered: Client satisfaction success, perception of treatment, harmful effects, accessibility of services, respect with which treated, and partnership of treatment

Administration: Self-administered (5 minutes), no handwriting required, typically anonymous and voluntary, at in-treatment and followup

Design Features: 35 yes/no items

Abstract: The SHARPS Client Satisfaction Questionnaire was developed by Barry Tanner as the result of his studies of clients being discharged from community mental health centers. Responses of clients to yes/no items dealing with their treatment experience were subjected to a series of analytical processes based primarily on factor analysis techniques. This research effort culminated in the identification of five factors--satisfaction, helpfulness, accessibility, respect, and partnership (SHARPS) with two second-order factors and a single third-order factor. Reliability ranges from a low of .711 on the lowest first-order factor to .961 on the negative experience second-order factor. Validity weights were demonstrated to decrease deviations from criteria.

Related Published Reports:

Tanner, B.A. A multi-dimensional client satisfaction questionnaire. Evaluation and Program Planning, 5:161-167, 1982.

Tanner, B.A. Factors influencing client satisfaction with mental health services: A review of quantitative research. Evaluation and Program Planning, 4(3/4):279-286, 1981.

Tanner, B.A. Assessing client satisfaction with direct services. Nexus, 1:15-16, 1979.

Tanner, B.A., and Stacy, E.W. A validity scale for the SHARP consumer satisfaction scales. Program Planning and Evaluation, in press.

Availability Source: Barry A. Tanner, Ph.D., Psychology 9B, Detroit Receiving Hospital and University Health Center, 4201 St. Antoine, Detroit, Michigan 48201

Copyright: Copyright 1979 by Barry A. Tanner. Reproduced with permission by the U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute on Alcohol Abuse and Alcoholism. Further reproduction is prohibited without permission of the copyright holder.

SHARPS-V

Self-Administered Version

Below are some questions about your experience here. For each question cross out Y for yes if you agree more than disagree. Cross out N for no if you disagree more than agree. Cross out only one answer for each question. While some questions are similar, no two are exactly alike. There are no right or wrong answers, because we want your opinion. Do not skip any answers.

1. Are you completely satisfied with what happened here?
   Y N
2. Did we make things worse for you in any way?
   Y N
3. Was there any "red tape" involved in being seen here?
   Y N
4. Did your therapist strongly respect you as a person?
   Y N
5. Did you and your therapist agree entirely as to what your problems were?
   Y N
6. Are you able to handle your problems much better because of your therapy here?
   Y N
7. Were things ever less than perfect here?
   Y N
8. Would you heartily recommend us to a good friend or relative who needed help?
   Y N
9. Did things get at all worse because you came here?
   Y N
10. Was it a bit difficult getting your case opened?
    Y N
11. Did your therapist seem to dislike you some?
    Y N
12. Did you and your therapist regularly discuss what the goals of your treatment should be?
    Y N
13. Did we help you a great deal with your problems?
    Y N
14. Was there anything at all that could be improved?
    Y N
15. Were you a little disappointed by what happened here?
    Y N
16. Do you feel any worse as a result of coming here?
    Y N
17. Was it very easy to get your case opened?
    Y N
18. Was your therapist always very warm and friendly?
    Y N
19. Did you and your therapist agree 100% on what the goals of your treatment should be?
    Y N
20. Was your therapy very successful?
    Y N
21. Was coming here the best thing that ever happened to you?
    Y N
22. Do you feel extremely good about your experience here?
    Y N
23. Is it partly our fault that things are bad now?
    Y N
24. Did you have to go through too much before being seen here?
    Y N
25. Did your therapist seem to like you a great deal?
    Y N
26. Did you agree completely with your therapist on all important things?
    Y N
27. Have our services had a very good impact on your life?
    Y N
28. Have you ever had second thoughts about coming here?
    Y N
29. Are you very pleased with what happened here?
    Y N
30. Did we hurt you more than we helped you?
    Y N
31. Can a person be seen very easily here?
    Y N
32. Did your therapist sometimes seem to disapprove of you, just a little?
    Y N
33. Did your therapist frequently ask your opinion about treatment?
    Y N
34. Did we help you a great deal?
    Y N
35. Have there been other events in your life more important than coming here?
    Y N

S	H	A	R	P	Su	V

Copyright © 1981 by Barry A. Tanner, Ph.D.

BLANK PAGE

INDEXES

AUTHOR

Abrams, D.C. 227
Addiction Research Foundation 1, 14, 19
Alaska, State of, Office of Alcoholism and Drug Abuse 109
Alterman, Arthur I. 528
Annis, Helen M. 32, 36
Antons, K. 82
Armor, David J. 337
Attkisson, C. Clifford 38
Billings, Andrew 275
Bowman, R.S. 56
Braiker, Harriet B. 337
Brandsma, Jeffrey M. 56, 64
Cahalan, Don 56, 78
Cisin, Ira H. 78
Coe, R. 321
Cooper, A. Mitch 530
Cornelison, Floyd S., Jr. 528
Cronkite, Ruth 275
Crossley, Helen M. 78
DiDonato, N. 189
Doerr, H.O. 321
Donovan, D.M. 153
Edwards, G. 555
Feuerlein, W. 82
Fillmore, Kaye M. 109
Finney, John W. 275
Foster, F. Mark 91, 96
Gargevich, S. 252
Gerard, D.L. 321
Gleser, G.C. 321
Gottheil, Edward 528
Gottschalk, L.A. 321
Gross, M.M. 555
Hargreaves, Wm. A. 38
Headley, E.B. 321
Hodgson, R.J. 555
Holmes, Thomas H. 85
Horn, John L. 91, 96
Janda, L. 153
Kelso, Dennis 109
Keyson, M. 153
Kufner, H. 82
Larsen, Daniel L. 38
LeVois, Maurice 38
Longabaugh, R. 199, 209, 227
Luborsky, L. 245
Ludwig, A.M. 64
MacAndrew, Craig 159
Maisto, Stephen A. 530
Mann, Robert E. 162
Marlatt, G. Alan 167
Maultsby, Maxie C., Jr. 56, 64
Maurer, Helen S. 189
McCrady, Barbara S. 199, 209, 227
McLellan, A.T. 245
Meyer, Adolf 85
Miller, William R. 167
Moberg, D. Paul 252
Moos, Rudolf H. 261, 275, 293
Murphy R. 555
National Highway Traffic Safety Administration 296
National Institute on Alcohol Abuse and Alcoholism 307, 315
Nguyen, Tuan 38
O'Brien, C.P. 245
O'Leary, M.R. 153
Pascoe, Gregory 38
Pattison, E.M. 321
Pavan, D. 162
Pettinati, H.M. 189
Polich, J. Michael 337
Rahe, Richard H. 85
Research Triangle Institute 389
Rhodes, R.J. 321
Ringer, C. 82
Rohan, William P. 429
Rotter, J.B. 153
Schuckit, Marc A. 433, 455, 476, 488
Selzer, Melvin L. 508
Skinner, Harvey A. 91, 512
Skoloda, Thomas E. 528
Sobell, Linda C. 162, 199, 209, 227, 530
Sobell, Mark B. 162, 199, 209, 227, 530
Spitzer, R.L. 321
Stanford Research Institute 535
Stein, L.L. 64

Stockwell, T.R. 555
Sugerman, A.A. 189
Tanner, Barry A. 558
Wanberg, Kenneth W. 91, 96
Welsh, Richard J. 56, 64
Woody, G.E. 245
Zupek, William S. 252
Zwick, Rebecca 38

INSTRUMENT

Addiction Severity Index 245
Alcohol Dependence Scale (ADS) 91
Alcohol Treatment Program (ATP) Family History Follow-Up Interview 476
Alcohol Treatment Program (ATP) Family History Follow-Up Interview (Resource Person Form) 488
Alcohol Treatment Program (ATP) Family History Interview 455
Alcohol Treatment Program (ATP) Intake Questionnaire 433
The Alcohol Use Inventory (AUI) 96
ATC Followup Study Questionnaire 535
Background Information Form and Follow-Up Information Form 261
Behavior Rating Scale--Social, Employment, Economic, Legal, and Drinking 64
Client Follow-Up Interview 109
Client Satisfaction Questionnaire 38
Clinical Screening Interview 227
Community Oriented Programs Environment Scale 293
Comprehensive Drinker Profile 167
Cross-Study Shared Data Base: Follow-Up Interview 19
Cross-Study Shared Data Base: Intake Interview 1
Cross-Study Shared Data Base: Treatment Variables and Within-Treatment Functioning 14
Drinking Classification Indices 56
Drinking-Related Locus of Control Scale 153
DUI Probation Follow-Up Project Life Activities Questionnaire 296
Family Tree Questionnaire for Assessing Family History of Drinking Problems 162
FIDD Six-Month Follow-Up Questionnaire 528
Follow-Up Interview 429
Health and Daily Living Form 275
Health Status of Successfully Treated Alcoholics Pre-Treatment Chart Schedule and Follow-Up Interview Schedule 321
Inventory of Drinking Situations 32
Lifetime Drinking History 512
MacAndrew Alcoholism Scale 159
Michigan Alcoholism Screening Test (MAST) 508
Munich Alcoholism Test (MALT) 82
National Alcohol Program Information System (NAPIS), ATC Client Intake Form 307
National Alcohol Program Information System (NAPIS), ATC Client Progress and Followup Form 315
National Survey of Adolescent Drinking Behavior--1978 389
Outcome Expectancies Questionnaire 36
Outcome in Alcoholics Follow-Up Interview 189
Patient Evaluation of Treatment Program 252
Project for Alcoholic Couples Treatment: Baseline Interview 199
Project for Alcoholic Couples Treatment: Client Follow-Up Interview, Spouse Follow-Up Interview 209
Quantity-Frequency-Variability Index 78
Rand/ATC Four-Year Followup Study Client Interview, Self-Administered Form, and Collateral Interview 337
Severity of Alcohol Dependence Questionnaire (SADQ) 555
SHARPS Client Satisfaction Questionnaire 558
The Social Readjustment Rating Scale 85
Time-Line Follow-Back Assessment Method 530

SUBJECT

accessibility of treatment services 558
Addiction Research Foundation 1, 14, 19
administered by interviewer 1, 14, 19, 78, 109, 167, 189, 199, 209, 245, 307, 315, 321, 455, 476, 488, 512, 530, 535
administered by self 32, 36, 38, 64, 85, 91, 96, 153, 159, 252, 261, 293, 296, 389, 433, 528, 555
administered by both interviewer and self 56, 82, 227, 337
administered by either interviewer or self 162, 275, 429, 508
adolescent-directed questions 389
adolescent drinking 389
adverse consequences 1, 19, 199, 337
Alaska, State of 109
alcohol consumption 1, 19, 64, 167, 189, 209, 245, 252, 275, 296, 307, 315, 321, 476, 528, 535
alcohol consumption in treatment 14
alcohol consumption quantity/frequency 56, 78, 96, 109, 261, 337, 389, 429, 512, 530, 555
alcohol dependence syndrome, severity of 56, 78, 82, 91, 167, 189, 337, 555
alcohol problem indicators (dependence) 307, 315, 535
alcohol-related problems 433, 455
antisocial behavior 433, 455, 476, 488
anxiety 109
aspects of treatment that helped 429, 558
attitudes 109, 153, 189, 389

baseline 64, 199
behavioral aspects of drinking 32, 153, 167, 189, 261, 296, 307, 315, 321, 337, 389, 512, 530, 535
children, relations with 275
client satisfaction 19, 38, 109, 252, 293, 429, 528, 558
Coatesville, Pa., VA hospital 528
conflict with others 32
consequences of alcohol and marijuana use 389
consequences of alcohol use 109
coping 109, 275
daily drinking quantity 209
decision to drink/not drink 32, 64, 153, 167, 209
demographics 1, 19, 167, 199, 252, 307, 315, 321, 337, 389, 433, 455, 476, 488, 535
depression 109, 275
detoxification, need for 227
diagnosis 56, 82, 91, 96, 159, 162, 245, 261, 433, 455, 508, 555
discharge 252
drinking contexts 389
drinking history 227, 307, 433, 455, 476, 488
drinking pattern during past year 189, 530
drinking style 512
drug use 1, 19, 109, 167, 189, 209, 245, 252, 389, 433, 455, 476
drug use in treatment 14
drug use related problems 476
DUI 296, 307, 535
emotional status 167, 189, 227, 321
employment 1, 19, 64, 109, 167, 189, 199, 209, 245, 296, 321, 337, 429, 476, 488
epidemiology 296, 307, 389, 512
etiology 96
expectancies of treatment outcome 36, 153
factor analysis 91, 96, 558
family alcohol and drug use 488
family drinking history 1, 162, 167, 189, 261, 307, 315, 535
family history of psychiatric disorders 433, 455
family relations 245, 275, 476, 528
feelings about self 261
followup 19, 32, 36, 38, 56, 64, 78, 85, 91, 96, 109, 159, 167, 189, 209, 261, 275, 293, 296, 315, 321, 337, 429, 476, 488, 528, 530, 535, 555, 558
harmful effect of treatment 558
health care contacts 109
insurance 307, 535
intake 1, 78, 85, 162, 167, 199, 227, 261, 307, 321, 433, 455, 530, 555
intensity of desire to drink 209
interpersonal relations 153, 321
in-treatment 14, 32, 36, 38, 64, 275, 293, 315, 558
legal 1, 19, 64, 109, 199, 209, 245, 296, 307, 337, 429, 535
level of functioning 476, 488
life events 85, 109, 167, 275, 512
life history 1, 19
lifestyle 296
locus of control 153, 337
major life changes 85
MAST 82, 167, 508
matching patients to treatment 245, 252
medications 227
mental health 227, 245, 275, 337, 476, 488
MMPI 159
motor vehicle driving arrests 296, 307, 535
National Highway Traffic Safety Administration 296
Native Americans 109
negative moods 153
NIAAA 199, 209, 227, 307, 315, 389
Northamptom, Mass., VA hospital 429
obsessive-compulsive drinking style 91
occupational adjustment 189
partnership nature of treatment 558
patterns of alcohol consumption 109
perceived environment 389
perception of drinking problem 209, 307, 315, 535
perception of treatment 558
personality factors 109, 159, 296, 389
physical discomfort 32
physical health 19, 82, 109, 199, 227, 245, 275, 296, 337, 429, 476, 488
post-hospital treatment 429
pressure from others to drink 32
prognosis 78, 82, 91, 153, 159, 162, 245, 252, 275, 337
psychiatric history 433
psychological function 109, 337
Quantity-Frequency-Variability Index 56, 78
rapidity of reinstatement after abstinence 555
reason for termination 14
recent hospitalizations 535
recreational activities 19
religion 199, 337
Research Triangle Institute 389
residence 199, 209, 296
resource person 56, 64, 82, 189, 337, 488
respect received in treatment 558
San Diego, Calif., VA hospital 433, 455, 476, 488
screening 32, 56, 78, 82, 85, 91, 96, 153, 159, 162, 167, 189, 227, 245, 275, 321, 389, 455, 508, 530, 555
SES 307, 337, 535
social functioning 64, 528
social history 199
social relationships 1, 19, 32, 109, 189, 245, 275, 296, 429
Social Research Group 78
spouse alcohol/drug use 227
spouse relations 209, 275
Stanford Research Institute 535
stress 275
substance use perceptions and plans 252
telephone interview 209
time in treatment 14
tobacco consumption, 1, 19, 389
treatment history 1, 19, 189, 199, 307, 315, 337, 433, 455, 535
treatment program social atmosphere 293

treatment status 307, 535
type of treatment 14
types of beverages 512
unpleasant/pleasant emotions 32
VA hospital 429, 433, 455, 476, 488, 528
withdrawal relief drinking 555
withdrawal symptoms 1, 19, 91, 337, 555

☆ U.S. GOVERNMENT PRINTING OFFICE : 1985 O - 480-373